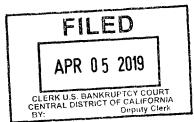
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| Fill in this information to identify your case:                                |                                                                           |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| United States Bankruptcy Court for the: Central District of California (State) |                                                                           |
| Case number (If known):                                                        | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 |



☐ Check if this is an amended filing

#### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| P          | art 1: Identify Yourself                                                              |                                                |               |                                               |
|------------|---------------------------------------------------------------------------------------|------------------------------------------------|---------------|-----------------------------------------------|
|            |                                                                                       | About Debtor 1:                                |               | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.         | Your full name                                                                        |                                                |               |                                               |
|            | Write the name that is on your government-issued picture identification (for example, | Warrendell<br>First name                       |               | First name                                    |
|            | your driver's license or passport).                                                   | Middle name                                    | <del></del> 3 | Middle name                                   |
|            |                                                                                       | Jackson                                        |               | Middle name                                   |
| -          | Bring your picture identification to your meeting with the trustee.                   | Last name                                      |               | Last name                                     |
|            |                                                                                       | Suffix (Sr., Jr., II, III)                     |               | Suffix (Sr., Jr., II, III)                    |
|            |                                                                                       |                                                |               |                                               |
| 2.         | All other names you                                                                   | NONE                                           |               |                                               |
|            | have used in the last 8 years                                                         | First name                                     | Danie<br>Tyg. | First name                                    |
|            | Include your married or maiden names.                                                 | Middle name                                    | <br>          | Middle name                                   |
|            |                                                                                       | Last name                                      |               | Last name                                     |
|            |                                                                                       | First name                                     |               | First name                                    |
|            |                                                                                       | Middle name                                    | <del></del> : | Middle name                                   |
|            |                                                                                       | Last name                                      |               | Last name                                     |
|            |                                                                                       |                                                |               |                                               |
| ********** |                                                                                       |                                                | No.           |                                               |
| 3.         | Only the last 4 digits of your Social Security                                        | xxx - xx - <u>4</u> <u>6</u> <u>8</u> <u>6</u> |               | xxx - xx                                      |
|            | number or federal                                                                     | OR                                             |               | OR                                            |
|            | Individual Taxpayer Identification number                                             | 9 xx - xx                                      |               | 9 xx - xx                                     |
|            | (ITIN)                                                                                |                                                |               |                                               |

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Warrendell Jackson

| Debtor 1 Warrendell J                            |                                                                                                                                                     | Case number (if known)                                                                                                                     |
|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| First Name Middle N                              | lame Last Name                                                                                                                                      |                                                                                                                                            |
|                                                  | About Debtor 1:                                                                                                                                     | About Debtor 2 (Spouse Only in a Joint Case):                                                                                              |
| Any business names     and Employer              | ☐ I have not used any business names or EINs.                                                                                                       | ☐ I have not used any business names or EINs.                                                                                              |
| Identification Numbers<br>(EIN) you have used in | Widow's Sons Care Association                                                                                                                       |                                                                                                                                            |
| the last 8 years                                 | Business name                                                                                                                                       | Business name                                                                                                                              |
| Include trade names and                          | The Church of Our God's Flower                                                                                                                      |                                                                                                                                            |
| doing business as names                          | Business name                                                                                                                                       | Business name                                                                                                                              |
|                                                  | EIN                                                                                                                                                 | fgs . <b>EIN</b>                                                                                                                           |
|                                                  | _                                                                                                                                                   | - 13.                                                                                                                                      |
|                                                  | EIN                                                                                                                                                 | EIN                                                                                                                                        |
| 5. Where you live                                |                                                                                                                                                     | If Debtor 2 lives at a different address:                                                                                                  |
|                                                  |                                                                                                                                                     |                                                                                                                                            |
|                                                  | 4163 W. 160th Street                                                                                                                                |                                                                                                                                            |
|                                                  | Number Street                                                                                                                                       | Number Street                                                                                                                              |
|                                                  |                                                                                                                                                     | · · · · · · · · · · · · · · · · · · ·                                                                                                      |
|                                                  | Lawndale CA 90260                                                                                                                                   |                                                                                                                                            |
|                                                  | Lawndale CA 90260 City State ZIP Code                                                                                                               | City State ZIP Code                                                                                                                        |
|                                                  | Los Angeles                                                                                                                                         |                                                                                                                                            |
|                                                  | County                                                                                                                                              | County                                                                                                                                     |
|                                                  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|                                                  | Number Street                                                                                                                                       | Number Street                                                                                                                              |
|                                                  |                                                                                                                                                     |                                                                                                                                            |
|                                                  | P.O. Box                                                                                                                                            | P.O. Box                                                                                                                                   |
|                                                  | City State ZIP Code                                                                                                                                 | City State ZIP Code                                                                                                                        |
| s. Why you are choosing                          | Check one:                                                                                                                                          | Check one:                                                                                                                                 |
| this district to file for bankruptcy             | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|                                                  | I have another reason. Explain. (See 28 U.S.C. § 1408.)                                                                                             | I have another reason. Explain. (See 28 U.S.C. § 1408.)                                                                                    |
|                                                  |                                                                                                                                                     |                                                                                                                                            |
|                                                  |                                                                                                                                                     | :6, 1                                                                                                                                      |
|                                                  |                                                                                                                                                     | 8,1                                                                                                                                        |

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Warrendell Jackson

| De                                     | btor 1 Warrendell Ja First Name Middle Na                                             |                              | Last Name                                                                                                                                                                                               |                                                                     | Case number (if i                                             | known)                                                                                                                                                                             |  |  |
|----------------------------------------|---------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|                                        | Plist Name Miloule Na                                                                 | ille                         | Last Name                                                                                                                                                                                               | le                                                                  |                                                               |                                                                                                                                                                                    |  |  |
| P                                      | art 2: Tell the Court Abo                                                             | ut Your E                    | ankruj                                                                                                                                                                                                  | ptcy Case                                                           |                                                               |                                                                                                                                                                                    |  |  |
| 7.                                     | The chapter of the Bankruptcy Code you                                                |                              | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                                                                     |                                                               |                                                                                                                                                                                    |  |  |
|                                        | are choosing to file under                                                            | 🗹 Cha                        | pter 7                                                                                                                                                                                                  |                                                                     |                                                               |                                                                                                                                                                                    |  |  |
|                                        |                                                                                       | ☐ Cha                        | pter 11                                                                                                                                                                                                 |                                                                     |                                                               |                                                                                                                                                                                    |  |  |
|                                        |                                                                                       | ☐ Cha                        | pter 12                                                                                                                                                                                                 |                                                                     |                                                               |                                                                                                                                                                                    |  |  |
| ************************************** |                                                                                       | ☐ Cha                        | pter 13                                                                                                                                                                                                 | 3                                                                   |                                                               |                                                                                                                                                                                    |  |  |
| 8.                                     | How you will pay the fee                                                              | loca<br>youi<br>subi<br>with | I court for self, you mitting you a pre-p                                                                                                                                                               | for more details about how you<br>ou may pay with cash, cashier's   | may pay. Typical<br>check, or money<br>our attorney may       | order. If your attorney is pay with a credit card or check                                                                                                                         |  |  |
|                                        |                                                                                       |                              |                                                                                                                                                                                                         | for Individuals to Pay The Filin                                    |                                                               |                                                                                                                                                                                    |  |  |
|                                        |                                                                                       | By la<br>less<br>pay         | aw, a ju<br>than 15<br>the fee                                                                                                                                                                          | udge may, but is not required to 50% of the official poverty line t | , waive your fee,<br>hat applies to you<br>this option, you n | tion only if you are filing for Chapter 7. and may do so only if your income is ur family size and you are unable to nust fill out the Application to Have the with your petition. |  |  |
| 9.                                     | Have you filed for                                                                    | ₩ No                         |                                                                                                                                                                                                         |                                                                     |                                                               |                                                                                                                                                                                    |  |  |
|                                        | bankruptcy within the last 8 years?                                                   | Yes.                         | District                                                                                                                                                                                                | Whe                                                                 | MM / DD / YYYY                                                | Case number                                                                                                                                                                        |  |  |
|                                        |                                                                                       |                              | District                                                                                                                                                                                                | Whe                                                                 | )                                                             | Case number                                                                                                                                                                        |  |  |
|                                        |                                                                                       |                              | District                                                                                                                                                                                                | Whe                                                                 |                                                               |                                                                                                                                                                                    |  |  |
|                                        |                                                                                       |                              |                                                                                                                                                                                                         |                                                                     | MM / DD / YYYY                                                | Case number                                                                                                                                                                        |  |  |
| 10.                                    | Are any bankruptcy                                                                    | <b>☑</b> No                  |                                                                                                                                                                                                         |                                                                     |                                                               |                                                                                                                                                                                    |  |  |
|                                        | cases pending or being filed by a spouse who is                                       | Yes.                         | Debtor                                                                                                                                                                                                  |                                                                     |                                                               | Relationship to you                                                                                                                                                                |  |  |
|                                        | not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? |                              | District                                                                                                                                                                                                | Whe                                                                 | MM / DD / YYYY                                                | Case number, if known                                                                                                                                                              |  |  |
|                                        | armato,                                                                               |                              | Debtor                                                                                                                                                                                                  |                                                                     | ·····                                                         | Relationship to you                                                                                                                                                                |  |  |
|                                        |                                                                                       |                              | District                                                                                                                                                                                                | When                                                                | MM / DD / YYYY                                                | Case number, if known                                                                                                                                                              |  |  |
| 11.                                    | Do you rent your residence?                                                           | No. Yes.                     | No.                                                                                                                                                                                                     | our landlord obtained an eviction jud<br>o. Go to line 12.          |                                                               | ?<br>t Against You (Form 101A) and file it as                                                                                                                                      |  |  |

| warrendell J                                                                                                                                 |                                  |                                                                                                                                                                                      |                                                                                        | Case no                                                                       | u <b>mbe</b> r (if know                       | vn)                                                                                                                                                  |    |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| First Name Middle Na                                                                                                                         | me                               | Last Name                                                                                                                                                                            | -                                                                                      |                                                                               |                                               |                                                                                                                                                      |    |
| Danast About Ass.                                                                                                                            | D!                               | V O                                                                                                                                                                                  | ala Basawia4                                                                           |                                                                               |                                               |                                                                                                                                                      |    |
| Report About Any                                                                                                                             | Business                         | es You Own as a Sc                                                                                                                                                                   |                                                                                        | or<br>                                                                        |                                               |                                                                                                                                                      |    |
| . Are you a sole proprietor                                                                                                                  | <b>Z</b> No. (                   | Go to Part 4.                                                                                                                                                                        |                                                                                        |                                                                               |                                               |                                                                                                                                                      |    |
| of any full- or part-time business?                                                                                                          | Yes.                             | Name and location of b                                                                                                                                                               | usiness                                                                                |                                                                               |                                               |                                                                                                                                                      |    |
| A sole proprietorship is a                                                                                                                   |                                  | Widow's Sons Car                                                                                                                                                                     | e Associati                                                                            | nn                                                                            |                                               |                                                                                                                                                      |    |
| business you operate as an individual, and is not a                                                                                          |                                  | Name of business, if any                                                                                                                                                             | C ASSOCIATI                                                                            |                                                                               |                                               |                                                                                                                                                      |    |
| separate legal entity such as a corporation, partnership, or                                                                                 |                                  | 23475 Stafford Str                                                                                                                                                                   | eet                                                                                    |                                                                               |                                               |                                                                                                                                                      |    |
| LLC.                                                                                                                                         |                                  | Number Street                                                                                                                                                                        |                                                                                        |                                                                               |                                               |                                                                                                                                                      |    |
| If you have more than one sole proprietorship, use a                                                                                         |                                  |                                                                                                                                                                                      |                                                                                        |                                                                               |                                               |                                                                                                                                                      |    |
| separate sheet and attach it to this petition.                                                                                               |                                  | Perris                                                                                                                                                                               |                                                                                        |                                                                               | CA                                            | 92570                                                                                                                                                |    |
| to this petition.                                                                                                                            |                                  | City                                                                                                                                                                                 |                                                                                        |                                                                               | State                                         | ZIP Code                                                                                                                                             |    |
|                                                                                                                                              |                                  | Check the appropriate I                                                                                                                                                              | box to describ                                                                         | e vour business:                                                              |                                               |                                                                                                                                                      |    |
|                                                                                                                                              |                                  | ☐ Health Care Busine                                                                                                                                                                 |                                                                                        | -                                                                             | 01(27A))                                      |                                                                                                                                                      |    |
|                                                                                                                                              |                                  | ☐ Single Asset Real E                                                                                                                                                                | -                                                                                      | _                                                                             |                                               | ))                                                                                                                                                   |    |
|                                                                                                                                              |                                  | Stockbroker (as def                                                                                                                                                                  | fined in 11 U.S                                                                        | i.C. § 101(53A))                                                              |                                               |                                                                                                                                                      |    |
|                                                                                                                                              |                                  | ☐ Commodity Broker                                                                                                                                                                   | (as defined in                                                                         | 11 U.S.C. § 101(                                                              | (6))                                          |                                                                                                                                                      |    |
|                                                                                                                                              |                                  | None of the above                                                                                                                                                                    |                                                                                        |                                                                               |                                               |                                                                                                                                                      |    |
| Chapter 11 of the Bankruptcy Code and are you a small business debtor?  For a definition of small business debtor, see 11 U.S.C. § 101(51D). | most recany of the No.  No.  No. | ent balance sheet, state<br>lesse documents do not e<br>I am not filing under Ch<br>I am filing under Chapte<br>the Bankruptcy Code.<br>I am filing under Chapte<br>Bankruptcy Code. | ement of opera<br>exist, follow the<br>napter 11.<br>er 11, but I am<br>er 11 and I am | ations, cash-flow<br>e procedure in 1°<br>NOT a small bus<br>a small business | statement, 1 U.S.C. § siness debt s debtor ac | as debtor, you must attach your, and federal income tax return or 1116(1)(B).  tor according to the definition in according to the definition in the | if |
|                                                                                                                                              |                                  |                                                                                                                                                                                      |                                                                                        |                                                                               |                                               |                                                                                                                                                      |    |
| Do you own or have any property that poses or is                                                                                             | <b>☑</b> No                      |                                                                                                                                                                                      |                                                                                        |                                                                               |                                               |                                                                                                                                                      |    |
| alleged to pose a threat                                                                                                                     | Yes.                             | What is the hazard?                                                                                                                                                                  |                                                                                        |                                                                               |                                               |                                                                                                                                                      |    |
| of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?                   |                                  | If immediate attention                                                                                                                                                               | is needed, wh                                                                          | y is it needed? _                                                             |                                               |                                                                                                                                                      |    |
| For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                            |                                  |                                                                                                                                                                                      |                                                                                        | MA <sub>NO</sub>                                                              | <u>.</u>                                      |                                                                                                                                                      |    |
|                                                                                                                                              |                                  | Where is the property?                                                                                                                                                               | ? Number                                                                               | Street                                                                        |                                               |                                                                                                                                                      |    |
|                                                                                                                                              |                                  |                                                                                                                                                                                      | ·                                                                                      | -:                                                                            |                                               |                                                                                                                                                      |    |
|                                                                                                                                              |                                  |                                                                                                                                                                                      |                                                                                        |                                                                               |                                               |                                                                                                                                                      |    |
|                                                                                                                                              |                                  |                                                                                                                                                                                      | City                                                                                   |                                                                               |                                               | State 7ID Code                                                                                                                                       |    |
|                                                                                                                                              |                                  |                                                                                                                                                                                      | City                                                                                   |                                                                               |                                               | State ZIP Code                                                                                                                                       |    |

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Debtor 1

Warrendell Jackson

t Name Middle Name

Last Name

Case number (if known)\_\_\_\_\_

Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

|  | 1 | ٩b | ou | t C | eb | to | r 1 |
|--|---|----|----|-----|----|----|-----|
|--|---|----|----|-----|----|----|-----|

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| Į | I am not requ | ired to | receive | a | briefing | about |
|---|---------------|---------|---------|---|----------|-------|
|   | credit counse |         |         |   |          |       |

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

#### I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| De          | btor 1 Warrendell Ja                                   |                                                                                                                                                                                                                                                     | Case                                                      | number (if known)                        |                                                               |  |  |
|-------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------|---------------------------------------------------------------|--|--|
|             | First Name Middle Nam                                  | e Last Name                                                                                                                                                                                                                                         |                                                           |                                          |                                                               |  |  |
|             |                                                        |                                                                                                                                                                                                                                                     |                                                           |                                          |                                                               |  |  |
| Pá          | Answer These Ques                                      | stions for Reporting Purposes                                                                                                                                                                                                                       |                                                           |                                          |                                                               |  |  |
| 16.         | What kind of debts do you have?                        | 16a. Are your debts primarily as "incurred by an individual p                                                                                                                                                                                       |                                                           |                                          |                                                               |  |  |
|             |                                                        | <ul><li>No. Go to line 16b.</li><li>✓ Yes. Go to line 17.</li></ul>                                                                                                                                                                                 |                                                           |                                          |                                                               |  |  |
|             |                                                        | 16b. <b>Are your debts primarily</b> money for a business or invest                                                                                                                                                                                 |                                                           |                                          |                                                               |  |  |
|             |                                                        | <ul><li>No. Go to line 16c.</li><li>✓ Yes. Go to line 17.</li></ul>                                                                                                                                                                                 |                                                           |                                          |                                                               |  |  |
|             |                                                        | 16c. State the type of debts you ow                                                                                                                                                                                                                 | e that are not consumer d                                 | lebts or business                        | debts.                                                        |  |  |
| 17.         | Are you filing under Chapter 7?                        | ☐ No. I am not filing under Chapt                                                                                                                                                                                                                   | ter 7. Go to line 18.                                     |                                          |                                                               |  |  |
|             | Do you estimate that after any exempt property is      | Yes. I am filing under Chapter 7 administrative expenses a                                                                                                                                                                                          | . Do you estimate that after re paid that funds will be a | er any exempt pro<br>vailable to distrib | operty is excluded and ute to unsecured creditors?            |  |  |
|             | excluded and administrative expenses                   | ☑ No                                                                                                                                                                                                                                                |                                                           |                                          |                                                               |  |  |
| are         | are paid that funds will be available for distribution | ☐ Yes                                                                                                                                                                                                                                               |                                                           |                                          |                                                               |  |  |
| ********    | to unsecured creditors?                                |                                                                                                                                                                                                                                                     |                                                           |                                          |                                                               |  |  |
| 18.         | How many creditors do you estimate that you            | <b>☑</b> 1-49                                                                                                                                                                                                                                       | 1,000-5,000                                               |                                          | 25,001-50,000                                                 |  |  |
|             | owe?                                                   | □ 50-99<br>□ 100-199                                                                                                                                                                                                                                | ☐ 5,001-10,000<br>☐ 10,001-25,000                         |                                          | ☐ 50,001-100,000<br>☐ More than 100,000                       |  |  |
|             |                                                        | 200-999                                                                                                                                                                                                                                             |                                                           |                                          |                                                               |  |  |
| 19.         | How much do you estimate your assets to                | <b>✓</b> \$0-\$50,000<br><b>→</b> \$50,001-\$100,000                                                                                                                                                                                                | \$1,000,001-\$10 million \$10,000,001-\$50 million        |                                          | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion     |  |  |
|             | be worth?                                              | \$100,001-\$500,000                                                                                                                                                                                                                                 | □ \$50,000,001-\$100 m                                    | illion                                   | ■ \$10,000,000,001-\$50 billion                               |  |  |
| *********** |                                                        | ☐ \$500,001-\$1 million                                                                                                                                                                                                                             | \$100,000,001-\$500 r                                     | million                                  | More than \$50 billion                                        |  |  |
| 20.         | How much do you estimate your liabilities              | \$0-\$50,000<br>\$50,001-\$100,000                                                                                                                                                                                                                  | \$1,000,001-\$10 millio<br>\$10,000,001-\$50 millio       |                                          | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion     |  |  |
|             | to be?                                                 | <b>✓</b> \$100,001-\$500,000                                                                                                                                                                                                                        | \$10,000,001-\$30 milli                                   |                                          | \$1,000,000,001-\$70 billion                                  |  |  |
|             | <b>1</b> 0:                                            | ☐ \$500,001-\$1 million                                                                                                                                                                                                                             | □ \$100,000,001-\$500 r                                   | million                                  | ☐ More than \$50 billion                                      |  |  |
| Pa          | rt 7: Sign Below                                       |                                                                                                                                                                                                                                                     |                                                           |                                          |                                                               |  |  |
| Fo          | r you                                                  | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.                                                                                                                            |                                                           |                                          |                                                               |  |  |
|             |                                                        | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. |                                                           |                                          |                                                               |  |  |
|             |                                                        | If no attorney represents me and I d this document, I have obtained and                                                                                                                                                                             |                                                           |                                          |                                                               |  |  |
|             |                                                        | I request relief in accordance with the                                                                                                                                                                                                             | •                                                         | ·                                        | •                                                             |  |  |
|             |                                                        | I understand making a false statem with a bank uptcy case can result in 18 U.S.C. §§ 152, 1341, 1519, and                                                                                                                                           | n fines up to \$250,000, or i                             | or obtaining mone<br>mprisonment for     | y or property by fraud in connection up to 20 years, or both. |  |  |
|             |                                                        | * h                                                                                                                                                                                                                                                 |                                                           | <u> </u>                                 |                                                               |  |  |
|             |                                                        | Signature of Debtor 1                                                                                                                                                                                                                               |                                                           | Signature of De                          | ebtor 2                                                       |  |  |
|             |                                                        | Executed on 4-5-/Y                                                                                                                                                                                                                                  | <del>7</del>                                              | Executed on                              | M / DD /YYYY                                                  |  |  |

## 

| Debtor 1 Warrendell Ja                |                                                              | dell Jacl   | cson                                                                                                                                | Case number (if known)                                                                                                                                                                                                                                | Case number (if known)                |                                                                                 |  |  |  |
|---------------------------------------|--------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------|--|--|--|
|                                       | First Name                                                   | Middle Name | Last Name                                                                                                                           |                                                                                                                                                                                                                                                       |                                       | -                                                                               |  |  |  |
| represent<br>If you are<br>by an atto | attorney, if y<br>ted by one<br>not represe<br>priney, you d | ou are      | o proceed under Chapter 7, 11, available under each chapter for he notice required by 11 U.S.C. knowledge after an inquiry that the | amed in this petition, declare that I have info<br>12, or 13 of title 11, United States Code, an<br>which the person is eligible. I also certify th<br>§ 342(b) and, in a case in which § 707(b)(4)<br>he information in the schedules filed with the | d have ex<br>at I have<br>)(D) applie | rplained the relief<br>delivered to the debtor(s)<br>es, certify that I have no |  |  |  |
| need to fi                            | ile this page.                                               |             | ×                                                                                                                                   | Date                                                                                                                                                                                                                                                  |                                       |                                                                                 |  |  |  |
|                                       |                                                              |             | Signature of Attorney for Debtor                                                                                                    |                                                                                                                                                                                                                                                       | MM /                                  | DD /YYYY                                                                        |  |  |  |
|                                       |                                                              |             | Printed name                                                                                                                        |                                                                                                                                                                                                                                                       | - 180 FF                              | ·                                                                               |  |  |  |
|                                       |                                                              |             | Firm name                                                                                                                           |                                                                                                                                                                                                                                                       |                                       |                                                                                 |  |  |  |
|                                       |                                                              |             | i im name                                                                                                                           |                                                                                                                                                                                                                                                       |                                       |                                                                                 |  |  |  |
|                                       |                                                              |             | Number Street                                                                                                                       |                                                                                                                                                                                                                                                       |                                       |                                                                                 |  |  |  |
|                                       |                                                              |             | City                                                                                                                                | State                                                                                                                                                                                                                                                 | ZIP Code                              |                                                                                 |  |  |  |
|                                       |                                                              |             | Contact phone                                                                                                                       | Email address                                                                                                                                                                                                                                         |                                       |                                                                                 |  |  |  |
|                                       |                                                              |             | Bar number                                                                                                                          | State                                                                                                                                                                                                                                                 |                                       |                                                                                 |  |  |  |
|                                       |                                                              |             |                                                                                                                                     |                                                                                                                                                                                                                                                       |                                       |                                                                                 |  |  |  |

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| Ouse 2.10                                                          | BK 10070 BK                                                                                                     | Main Document Page 8 of 83                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Debtor 1 Warre                                                     | ndell Jackson                                                                                                   | Case number (if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |
|                                                                    | and the same of |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |
| For you if you are to bankruptcy withou attorney                   | an should<br>themse<br>consec                                                                                   | allows you, as an individual, to represent yourself in bankruptcy court, but you understand that many people find it extremely difficult to represent ves successfully. Because bankruptcy has long-term financial and legal uences, you are strongly urged to hire a qualified attorney.                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |
| If you are represen<br>an attorney, you do<br>need to file this pa | not To be s  ye. technica  dismisso  hearing  firm if yo                                                        | To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.                                                            |  |  |  |  |
|                                                                    | court. E in your s property also der case, su cases a                                                           | t list all your property and debts in the schedules that you are required to file with the en if you plan to pay a particular debt outside of your bankruptcy, you must list that debt chedules. If you do not list a debt, the debt may not be discharged. If you do not list or properly claim it as exempt, you may not be able to keep the property. The judge can y you a discharge of all your debts if you do something dishonest in your bankruptcy ch as destroying or hiding property, falsifying records, or lying. Individual bankruptcy a randomly audited to determine if debtors have been accurate, truthful, and complete. |  |  |  |  |
|                                                                    | hired an<br>success<br>Bankrup                                                                                  | cide to file without an attorney, the court expects you to follow the rules as if you had attorney. The court will not treat you differently because you are filing for yourself. To be ut, you must be familiar with the United States Bankruptcy Code, the Federal Rules of cy Procedure, and the local rules of the court in which your case is filed. You must also ar with any state exemption laws that apply.                                                                                                                                                                                                                        |  |  |  |  |
|                                                                    | Are you<br>consequ<br>☐ No<br>☑ Yes                                                                             | ware that filing for bankruptcy is a serious action with long-term financial and legal ences?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
|                                                                    | Are you inaccura                                                                                                | tware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are e or incomplete, you could be fined or imprisoned?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |
|                                                                    | ☐ No<br>Yes.                                                                                                    | hay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?  Ilame of Person Vanessa Watson  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
|                                                                    | have rea                                                                                                        | g here, I acknowledge that I understand the risks involved in filing without an attorney. I<br>I and understood this notice, and I am aware that filing a bankruptcy case without an<br>may gause mento lose my rights or property if I do not properly handle the case.                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |

Signature of Debter 1

Cell phone

Email address

Contact phone (323) 997-2514

Signature of Debtor 2

MM / DD / YYYY

Date

Contact phone

Email address

Cell phone

# STATEMENT OF RELATED CASES INFORMATION REQUIRED BY LBR 1015-2 UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA

| 1.   | A petition under the Bankruptcy Act of 1898 or the Bankruptcy Re against the debtor, his/her spouse, his or her current or former do copartnership or joint venture of which debtor is or formerly was a corporation of which the debtor is a director, officer, or person in and title of each such of prior proceeding, date filed, nature thereo assigned, whether still pending and, if not, the disposition thereof included in Schedule A that was filed with any such prior proceed SEE ATTACHMENT "A"                                                      | mestic partner, an affiliate of the debtor, any general or limited partner, or member, or any control, as follows: (Set forth the complete number of, the Bankruptcy Judge and court to whom If none, so indicate. Also, list any real property                                    |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.   | c. (If petitioner is a partnership or joint venture) A petition under the Act of 1978 has previously been filed by or against the debtor or a debtor, a relative of the general partner, general partner of, or per debtor is a general partner, general partner of the debtor, or persocomplete number and title of each such prior proceeding, date file and court to whom assigned, whether still pending and, if not, the any real property included in Schedule A that was filed with any standard.                                                           | an affiliate of the debtor, or a general partner in the son in control of the debtor, partnership in which the on in control of the debtor as follows: (Set forth the d, nature of the proceeding, the Bankruptcy Judge disposition thereof. If none, so indicate. Also, list      |
| 3.   | (If petitioner is a corporation) A petition under the Bankruptcy Act previously been filed by or against the debtor, or any of its affiliate of the debtor, a person in control of the debtor, a partnership in who of the debtor, a relative of the general partner, director, officer, or or corporations owning 20% or more of its voting stock as follows: such prior proceeding, date filed, nature of proceeding, the Bankrustill pending, and if not, the disposition thereof. If none, so indicate that was filed with any such prior proceeding(s).)  N/A | es or subsidiaries, a director of the debtor, an officer<br>nich the debtor is general partner, a general partner<br>person in control of the debtor, or any persons, firms<br>(Set forth the complete number and title of each<br>uptcy Judge and court to whom assigned, whether |
| 4.   | (If petitioner is an individual) A petition under the Bankruptcy Refore been filed by or against the debtor within the last 180 days: (Set for prior proceeding, date filed, nature of proceeding, the Bankruptcy pending, and if not, the disposition thereof. If none, so indicate. A that was filed with any such prior proceeding(s).)  N/A                                                                                                                                                                                                                    | orth the complete number and title of each such<br>Judge and court to whom assigned, whether still                                                                                                                                                                                 |
| l de | declare, under penalty of perjury, that the foregoing is true and corre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ct.                                                                                                                                                                                                                                                                                |
| Exe  | xecuted at <u>Lawndale</u> , California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Signature of Debtor                                                                                                                                                                                                                                                                |
| Da   | Pate:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                    |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Signature of Joint Debtor                                                                                                                                                                                                                                                          |

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| In re Warrendell Jackson | Case No    |
|--------------------------|------------|
| (DEBTOR)                 | (IF KNOWN) |

#### **ATTACHMENT "A"**

#### **STATEMENT OF RELATED CASES**

Case Number: 6:10-bk-34432-DS

Name Filed: Warrendell Jackson

Dated Filed: 08/02/2010

Nature of Proceeding: Chapter 7

Bankruptcy Judge: Deborah J. Saltzman

Court Assigned: Central District of California – Riverside Division

Disposition: Debtor Discharged

| Fill in this information to identify your case: |                     |                               |           |  |  |
|-------------------------------------------------|---------------------|-------------------------------|-----------|--|--|
| Debtor 1                                        | Warrendell Jackson  |                               |           |  |  |
|                                                 | First Name          | Middle Name                   | Last Name |  |  |
| Debtor 2<br>(Spouse, if filing                  | ) First Name        | Middle Name                   | Last Name |  |  |
| United States                                   | Bankruptcy Court fo | r the: Central District of Ca | alifornia |  |  |
| Case number                                     | (If known)          |                               |           |  |  |

☐ Check if this is an amended filing

12/15

### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|                                                                                                                                                                                                    | Your assets Value of what you own |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B                                                                                              | \$ 40,913.00                      |
| 14. Copy line 33, Total real estate, from Schedule Alb                                                                                                                                             |                                   |
| 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                       | \$4,600.00                        |
| 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                                            | s 45,513.00                       |
| 1: 2: Summarize Your Liabilities                                                                                                                                                                   |                                   |
|                                                                                                                                                                                                    | Your liabilities Amount you owe   |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$190,011.00                      |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$0.00                            |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                                                                                                  | + \$ 110,046.00                   |
| Your total liabilities                                                                                                                                                                             | \$ 300,057.00                     |
| rt 3: Summarize Your Income and Expenses                                                                                                                                                           |                                   |
| Schedule I: Your Income (Official Form 106I)                                                                                                                                                       | 1 222 00                          |
| Copy your combined monthly income from line 12 of Schedule I                                                                                                                                       | \$1,232.00                        |
| Schedule J: Your Expenses (Official Form 106J)                                                                                                                                                     | \$ 1,799.00                       |
|                                                                                                                                                                                                    |                                   |

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Warrendell Jackson Debtor 1 Case number (if known) Middle Name Last Name Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. **☑** Yes 7. What kind of debt do you have? ☑ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official 1,472.00 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: **Total claim** From Part 4 on Schedule E/F, copy the following: 0.00 9a. Domestic support obligations (Copy line 6a.) 0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) 0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 0.00 9d. Student loans. (Copy line 6f.) 9e. Obligations arising out of a separation agreement or divorce that you did not report as 0.00 priority claims. (Copy line 6g.) 0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9g. Total. Add lines 9a through 9f.

0.00

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| Debtor 1            | Warrendell Jackson  |                          |               |  |
|---------------------|---------------------|--------------------------|---------------|--|
|                     | First Name          | Middle Name              | Last Name     |  |
| Debtor 2            |                     |                          |               |  |
| (Spouse, if filing) | First Name          | Middle Name              | Last Name     |  |
| United States I     | Bankruptcy Court fo | rthe: Central District o | of California |  |

☐ Check if this is an amended filing

#### Official Form 106A/B

## **Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| □ N    | ou own or have any leg<br>o. Go to Part 2.<br>es. Where is the proper    |             | table intere      | st in any residence, building, land, or similar prop                                                                                                                                   | erty?                                                                                                                                  |                                                                                              |  |
|--------|--------------------------------------------------------------------------|-------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--|
| 1.1.   | 23475 Stafford Street Street address, if available, or other description |             | escription        | What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home                                | Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the entire property?                      | d claims on Schedule D:<br>ns Secured by Property.  Current value of the<br>portion you own? |  |
|        | Perris<br>City                                                           | CA<br>State | 92570<br>ZIP Code | ☐ Land ☐ Investment property ☐ Timeshare ☐ Other                                                                                                                                       | \$ 312,000.00  Describe the nature of interest (such as feethe entireties, or a life                                                   | simple, tenancy by                                                                           |  |
|        |                                                                          |             |                   | Who has an interest in the property? Check one.                                                                                                                                        | Fee Simple                                                                                                                             |                                                                                              |  |
|        | Riverside<br>County                                                      |             |                   | ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another Other information you wish to add about this it property identification number: | Check if this is community property (see instructions)                                                                                 |                                                                                              |  |
| If you | own or have more than  167 Clark Street Street address, if available     |             |                   | What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home                                   | Do not deduct secured cla<br>the amount of any secure<br>Creditors Who Have Clair<br>Current value of the<br>entire property?          | d claims on Schedule D:<br>ms Secured by Property.                                           |  |
|        | <del></del>                                                              |             |                   | ✓ Manufactured or mobile nome ✓ Land                                                                                                                                                   | \$ 500.00                                                                                                                              | \$ 250.0                                                                                     |  |
|        | Marianna<br>City                                                         | AR<br>State | 72360<br>ZIP Code | Other                                                                                                                                                                                  | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. Fee simple |                                                                                              |  |
|        | Lee                                                                      |             |                   | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this itemproperty identification number:        | Check if this is co (see instructions)                                                                                                 | mmunity property                                                                             |  |

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Main Document Page 14 of 83 Warrendell Jackson Debtor 1 Case number (if know ast Name What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Single-family home 1.3. Creditors Who Have Claims Secured by Property. Street address, if available, or other description Duplex or multi-unit building Current value of the Current value of the Condominium or cooperative entire property? portion you own? Manufactured or mobile home Land Investment property Describe the nature of your ownership City State ZIP Code ☐ Timeshare interest (such as fee simple, tenancy by Other\_ the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages 40,913.00 you have attached for Part 1. Write that number here. Part 2: **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No ☑ Yes Lexus Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put 3.1. the amount of any secured claims on Schedule D: ES300 Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only 1994 Year: Current value of the Current value of the Debtor 1 and Debtor 2 only 280,000 entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: 1,000.00 1.000.00 ☐ Check if this is community property (see Vehicle in poor condition instructions) If you own or have more than one, describe here: Ford Who has an interest in the property? Check one. 3.2. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Expedition Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only 2000 Year: Current value of the 
Current value of the Debtor 1 and Debtor 2 only 200,000 entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: 1,000.00 1.000.00 ☐ Check if this is community property (see Vehicle in poor condition instructions)

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Main Document Page 15 of 83 Warrendell Jackson Debtor 1 Case number (if known) First Name Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.3. Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only portion you own? entire property? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.4. Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories Z No ☐ Yes Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 4.1 Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? ☐ Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

instructions)

2.000.00

☐ Check if this is community property (see

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Debtor 1

Warrendell Jackson First Name Middle Name

Case number (if known)\_

Desc

| Do  | you own or have any l                      | egal or equitable interest in any of the following items?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Current va  | 40.000           |
|-----|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------|
|     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             | t secured claims |
| 6.  | Household goods and                        | - AMBRO AMBRO AMBRO AMBRO AMBRO TO AMBRO TO MATERIAL AND AMBRO A | bi onompar. | <b>3.</b>        |
| •   | •                                          | nces, furniture, linens, china, kitchenware                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                  |
|     | □ No                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                  |
|     | Yes. Describe                              | Miscellaneous items of household furnishings in debtor's possession                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$          | 1,000.00         |
| 7.  | Electronics                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                  |
|     | collections; e                             | and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music electronic devices including cell phones, cameras, media players, games                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                  |
|     | ☐ No ☑ Yes. Describe                       | Miscellaneous items of electronic devices in debtor's possession                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$          | 200.00           |
| 8.  | Collectibles of value                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                  |
|     |                                            | I figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                  |
|     | Yes. Describe                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$          |                  |
| 9.  | Equipment for sports a                     | and hobbies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | u.d         |                  |
|     | and kayaks;                                | ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                  |
|     | No Yes. Describe                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                  |
|     | Tes. Describe                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$          |                  |
| 10. | Firearms                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I           |                  |
|     | ☐ No                                       | , shotguns, ammunition, and related equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>~</b> 1  |                  |
|     | Yes. Describe                              | Heckler&Koch 40/45; DMPS 308; Sauer P238 .380; FMK 9 mm; 22 Rifle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b></b>     | 900.00           |
| 11. | Clothes                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                  |
|     | Examples: Everyday clot                    | thes, furs, leather coats, designer wear, shoes, accessories                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |                  |
|     | _                                          | Miscellaneous items of used clothing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$          | 300.00           |
| 12  | Jewelry                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                  |
| 12. | •                                          | velry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                  |
|     | ☐ No                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1           | 000.00           |
|     | Yes. Describe                              | Men's jewelry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$          | 200.00           |
|     | Non-farm animals  Examples: Dogs, cats, bi | irds, horses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |                  |
|     | <b>☑</b> No                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1           |                  |
|     | Yes. Describe                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$          |                  |
|     | •                                          | I household items you did not already list, including any health aids you did not list                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                  |
|     | ☑ No                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1           |                  |
|     | Yes. Give specific information             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$          |                  |
|     |                                            | all of your entries from Part 3, including any entries for pages you have attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$          | 2,600.00         |

Case 2:19-bk-13876-BR Doc 1 Filed 04/05/19 Entered 04/05/19 13:34:46 Desc

Main Document

Page 17 of 83

Debtor 1

Warrendell Jackson

First Name Middle Name Last Name

Case number (if known)\_

| Part 4: Describe You                                 | ur Financial Assets              |                                                                                                                                   |                                                                                  |
|------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Do you own or have any                               | legal or equitable interest in   | any of the following?                                                                                                             | Current value of the portion you own? Do not deduct secured claims or examplings |
|                                                      |                                  | ering, the way of the high high light to be the light                                                                             | or exemptions.                                                                   |
| 16. <b>Cash</b> <i>Examples:</i> Money you           | have in your wallet, in your hor | ne, in a safe deposit box, and on hand when you file your petition                                                                |                                                                                  |
| ☑ No                                                 |                                  |                                                                                                                                   |                                                                                  |
| ☐ Yes                                                |                                  | Cash:                                                                                                                             | \$                                                                               |
| and other si                                         |                                  | unts; certificates of deposit; shares in credit unions, brokerage houses, nultiple accounts with the same institution, list each. |                                                                                  |
| ☑ No<br>☐ Yes                                        |                                  | Institution name:                                                                                                                 |                                                                                  |
|                                                      | 17.1. Checking account:          |                                                                                                                                   | \$                                                                               |
|                                                      | 17.2. Checking account:          |                                                                                                                                   | \$                                                                               |
|                                                      | 17.3. Savings account:           |                                                                                                                                   | \$                                                                               |
|                                                      | 17.4. Savings account:           |                                                                                                                                   | \$                                                                               |
|                                                      | 17.5. Certificates of deposit:   |                                                                                                                                   | \$                                                                               |
|                                                      | 17.6. Other financial account:   |                                                                                                                                   | \$                                                                               |
|                                                      | 17.7. Other financial account:   |                                                                                                                                   | \$                                                                               |
|                                                      | 17.8. Other financial account:   |                                                                                                                                   | \$                                                                               |
|                                                      | 17.9. Other financial account:   |                                                                                                                                   | \$                                                                               |
|                                                      |                                  |                                                                                                                                   |                                                                                  |
| Examples: Bond funds,  ✓ No                          |                                  | erage firms, money market accounts                                                                                                |                                                                                  |
| ☐ Yes                                                | Institution or issuer name:      |                                                                                                                                   |                                                                                  |
|                                                      |                                  |                                                                                                                                   | \$<br>\$                                                                         |
|                                                      |                                  |                                                                                                                                   |                                                                                  |
|                                                      |                                  |                                                                                                                                   |                                                                                  |
| 19. Non-publicly traded st<br>an LLC, partnership, a |                                  | rated and unincorporated businesses, including an interest in                                                                     |                                                                                  |
| ☑ No                                                 | Name of entity:                  | % of ownership:                                                                                                                   |                                                                                  |
| Yes. Give specific information about                 |                                  | %                                                                                                                                 | \$                                                                               |
| them                                                 |                                  | %                                                                                                                                 | \$                                                                               |
|                                                      |                                  | %                                                                                                                                 | \$                                                                               |
|                                                      |                                  |                                                                                                                                   |                                                                                  |
|                                                      |                                  |                                                                                                                                   |                                                                                  |

Case number (if known)\_

Debtor 1

| Warrendel  | l Jackson   |
|------------|-------------|
| First Name | Middle Name |

|     | and the second s |                                                                                                                                                                         | gga en y |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 20  | Government and corpo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | orate bonds and other negotiable and non-negotiable instruments                                                                                                         |          |
|     | Negotiable instruments i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | include personal checks, cashiers' checks, promissory notes, and money orders.  ents are those you cannot transfer to someone by signing or delivering them.            |          |
|     | ☑ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                         |          |
|     | ☐ Yes. Give specific                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Issuer name:                                                                                                                                                            |          |
|     | information about them                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                         | \$       |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                         | \$       |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                         | \$       |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                         |          |
| 21. | Retirement or pension  Examples: Interests in IF  No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | accounts RA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans                                                            |          |
|     | Yes. List each account separately.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Type of account: Institution name:                                                                                                                                      |          |
|     | account separately.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                         |          |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 401(k) or similar plan:                                                                                                                                                 | \$       |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Pension plan:                                                                                                                                                           | \$       |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | IRA:                                                                                                                                                                    | \$       |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Retirement account:                                                                                                                                                     | \$       |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Keogh:                                                                                                                                                                  | \$       |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Additional account:                                                                                                                                                     | \$       |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Additional account:                                                                                                                                                     | \$       |
| 22. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications |          |
|     | <b>—</b> res                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Institution name or individual:  Electric:                                                                                                                              | _        |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Gas:                                                                                                                                                                    | \$       |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Heating oil:                                                                                                                                                            | \$       |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Security deposit on rental unit:                                                                                                                                        | \$<br>\$ |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Prepaid rent:                                                                                                                                                           | \$       |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Telephone:                                                                                                                                                              | \$       |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Water:                                                                                                                                                                  | \$       |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Rented furniture:                                                                                                                                                       | \$       |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other:                                                                                                                                                                  | \$       |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                         |          |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | a periodic payment of money to you, either for life or for a number of years)                                                                                           |          |
|     | ☑ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                         |          |
|     | ☐ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Issuer name and description:                                                                                                                                            | •        |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                         | \$       |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                         | \$<br>\$ |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                         |          |

Case 2:19-bk-13876-BR Doc 1 Filed 04/05/19 Entered 04/05/19 13:34:46 Desc

|               | Marrandell !!                                                       | Main Document                                     | Page 19 of 83                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                                            |
|---------------|---------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------|
| Debtor 1      | Warrendell Jackson First Name Middle Name                           | Last Name                                         | Case number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (if known)             |                                            |
|               |                                                                     |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                            |
|               |                                                                     | count in a qualified ABLE progr                   | am, or under a qualified sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ate tuition program.   |                                            |
|               | C. §§ 530(b)(1), 529A(b), and 529                                   | O(b)(1).                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                            |
| ☑ No          |                                                                     |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                            |
| ☐ Yes         | Institution                                                         | name and description. Separately                  | file the records of any interest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ests.11 U.S.C. § 521(c | <b>:</b> ):                                |
|               |                                                                     |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | \$                                         |
|               |                                                                     |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | \$                                         |
|               |                                                                     |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | \$                                         |
|               |                                                                     |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | Ψ                                          |
| 25. Trusts, e | equitable or future interests in                                    | property (other than anything li                  | sted in line 1), and rights o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | r powers               |                                            |
|               | able for your benefit                                               | -                                                 | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                            |
| <b>☑</b> No   | ·                                                                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | 7                                          |
|               | Give specific<br>mation about them                                  |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | \$                                         |
| 1111011       | madon about them                                                    |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                            |
| 26. Patents,  | , copyrights, trademarks, trade                                     | secrets, and other intellectual                   | property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                            |
| Example       | s: Internet domain names, websi                                     | tes, proceeds from royalties and li               | censing agreements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                            |
| No            |                                                                     |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                            |
|               | Give specific                                                       |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                            |
| infor         | mation about them                                                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | <b></b> \$                                 |
|               | - <b>6</b>                                                          |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                            |
|               | s, franchises, and other generals: Building permits, exclusive lice | intangibles<br>enses, cooperative association hol | dinas liquor licenses profes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | sional licenses        |                                            |
| ☑ No          |                                                                     |                                                   | ago,q.a, p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                            |
|               | Give specific                                                       |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | 7                                          |
|               | nation about them                                                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | \$                                         |
|               |                                                                     |                                                   | and the same of th | data e e e             | <b>J</b><br>Til vaxn i sistem Vaxn i i i i |
| Money or p    | roperty owed to you?                                                |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | Current value of the                       |
|               |                                                                     |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | portion you own?  Do not deduct secured    |
|               |                                                                     |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | claims or exemptions.                      |
| 28. Tax refu  | nds owed to you                                                     |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                            |
| No            |                                                                     | ,                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                            |
| Yes.          | Give specific information                                           |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Federal:               | \$                                         |
|               | about them, including whether you already filed the returns         |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State:                 | \$                                         |
|               | and the tax years                                                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | \$                                         |
|               |                                                                     |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | ·                                          |
| 29. Family s  | support                                                             |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                            |
|               |                                                                     | , spousal support, child support, n               | naintenance, divorce settlem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ent, property settleme | nt                                         |
| <b>Z</b> I No | •                                                                   | ••                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - <del>-</del>         |                                            |
|               | Give specific information                                           |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                            |
|               |                                                                     |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Alimony:               | \$                                         |
|               |                                                                     |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Maintenance:           | \$                                         |
|               |                                                                     |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Support:               | \$                                         |
|               |                                                                     |                                                   | - discovered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Divorce settlement:    | \$                                         |
|               |                                                                     |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Property settlement:   | \$                                         |

☐ Yes. Give specific information.....

☑ No

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation,

Social Security benefits; unpaid loans you made to someone else

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Warrendell Jackson Debtor 1 Case number (if known) First Name Last Name 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance Z No ☐ Yes. Name the insurance company Company name: Beneficiary: Surrender or refund value: of each policy and list its value... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☐ Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ No Yes. Describe each claim. Workers compensation claim 0.00 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim..... 35. Any financial assets you did not already list No. ☐ Yes. Give specific information...... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached 0.00 for Part 4. Write that number here Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ☐ No ☐ Yes. Describe.... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

□ No

☐ Yes. Describe....

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Case number (if known)\_

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|--------------------|---------------|------------------------|--|
| Warrendell Jackson |               | Case number (if known) |  |

Debtor 1

First Name

Middle Name

Last Name

| 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                                       |
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| □ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                       |
| Yes. Describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         | 7                                     |
| Tes. Describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         | \$                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | I                                     |
| 41. Inventory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |                                       |
| □ No □                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         | 7                                     |
| Yes. Describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         | \$                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | !                                     |
| 42. Interests in partnerships or joint ventures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |
| □ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                       |
| Yes. Describe Name of entity:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | % of ownership:                         |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | % of ownership.                         | •                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                             | \$                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | %                                       | \$                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | %                                       | <b>\$</b> _                           |
| 43. Customer lists, mailing lists, or other compilations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                                       |
| No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                                       |
| Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | A)) <b>?</b>                            |                                       |
| □ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                       |
| Yes. Describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         | 7                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | \$                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , ,                                     | <b>.</b>                              |
| 44. Any business-related property you did not already list ☐ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |
| Yes. Give specific                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                                       |
| information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         | \$                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | \$                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | \$                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                             | \$                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | \$                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | \$                                    |
| 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ttached                                 |                                       |
| for Part 5. Write that number here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | →                                       | \$                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |
| To the control of the | *************************************** |                                       |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ave an Interest In                      | l•                                    |
| If you own or have an interest in farmland, list it in Part 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | <del> </del>                          |
| 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related pro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | perty?                                  |                                       |
| No. Go to Part 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                       |
| Yes. Go to line 47.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | Current value of the portion you own? |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | Do not deduct secured claims          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | or exemptions.                        |
| 47. Farm animals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                       |
| Examples: Livestock, poultry, farm-raised fish                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                       |
| □ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         | _                                     |
| ☐ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | \$                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | 1                                     |

Official Form 106A/B Schedule A/B: Property page 9 Case 2:19-bk-13876-BR Doc 1 Filed 04/05/19 Entered 04/05/19 13:34:46 Desc

Last Name

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Warrendell Jackson Case number (if known)

| 48. Crops—either growing or harvested                                                                                                                      |                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Yes. Give specific information                                                                                                                             | \$                                                                                                           |
| 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade  No Yes                                                                | ]                                                                                                            |
| 50. Farm and fishing supplies, chemicals, and feed                                                                                                         | \$                                                                                                           |
| □ Yes                                                                                                                                                      |                                                                                                              |
| 51. Any farm- and commercial fishing-related property you did not already list  No                                                                         | <b>  \$</b>                                                                                                  |
| Yes. Give specific information                                                                                                                             | \$                                                                                                           |
| 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here          | \$0.00                                                                                                       |
| Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above                                                                   | na Paccasymon (1994) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (19 |
| 53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  No Yes. Give specific information | \$<br>\$<br>\$                                                                                               |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here                                                                        | \$ 0.00                                                                                                      |
| Part 8: List the Totals of Each Part of this Form                                                                                                          |                                                                                                              |
| 55. Part 1: Total real estate, line 2                                                                                                                      | \$40,913.00                                                                                                  |
| 56. Part 2: Total vehicles, line 5 \$                                                                                                                      |                                                                                                              |
| 57. Part 3: Total personal and household items, line 15 \$ 2,600.00                                                                                        |                                                                                                              |
| 58. Part 4: Total financial assets, line 36 \$                                                                                                             | 000                                                                                                          |
| 59. Part 5: Total business-related property, line 45 \$                                                                                                    | 7                                                                                                            |
| 60. Part 6: Total farm- and fishing-related property, line 52 \$                                                                                           |                                                                                                              |
| 61. Part 7: Total other property not listed, line 54 + \$ 0.00                                                                                             |                                                                                                              |
| 62. <b>Total personal property.</b> Add lines 56 through 61                                                                                                | <b>+</b> \$ 4,600.00                                                                                         |
| 63. <b>Total of all property on Schedule A/B.</b> Add line 55 + line 62.                                                                                   | \$ 45,513.00                                                                                                 |

Debtor 1

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| Fill in this in        | formation to ide    | ntify your case:          |               |  |
|------------------------|---------------------|---------------------------|---------------|--|
| Debtor 1               | Warrendell Ja       | ackson                    |               |  |
|                        | First Name          | Middle Name               | Last Name     |  |
| Debtor 2               |                     |                           |               |  |
| (Spouse, if filing)    | First Name          | Middle Name               | Last Name     |  |
| United States          | Bankruptcy Court fo | r the: Central District o | of California |  |
| Case number (If known) |                     |                           | <del></del>   |  |

☐ Check if this is an amended filing

#### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the Prop | ertv You | Claim a | s Exempt |
|---------|----------|----------|----------|---------|----------|

| 1. | You are clai               | kemptions are you claiming?<br>iming state and federal nonbant<br>iming federal exemptions. 11 U | kruptcy exemptions. 11               |                                                                                     |                                    |
|----|----------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|
| 2. | For any proper             | ty you list on S <i>chedul</i> e A/B tl                                                          | hat you claim as exem <sub>l</sub>   | pt, fill in the information below.                                                  |                                    |
|    |                            | on of the property and line on that lists this property                                          | Current value of the portion you own | Amount of the exemption you claim                                                   | Specific laws that allow exemption |
|    |                            |                                                                                                  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption.                                              |                                    |
|    | Brief<br>description:      | Household goods                                                                                  | \$ <u>1,000.00</u>                   | <b>☑</b> \$ <u>1,000.00</u><br>☐ 100% of fair market value, up to                   | CCP §704.020                       |
|    | Line from<br>Schedule A/B: | 6                                                                                                |                                      | any applicable statutory limit                                                      |                                    |
|    | Brief<br>description:      | Electronics                                                                                      | \$ <u>200.00</u>                     | <b>₫</b> \$ <u>200.00</u>                                                           | CCP §704.202                       |
|    | Line from<br>Schedule A/B: | 7                                                                                                |                                      | ☐ 100% of fair market value, up to any applicable statutory limit                   |                                    |
|    | Brief description:         | Clothes                                                                                          | \$ 300.00                            | <b>∡</b> \$ <u>300.00</u>                                                           | CCP §704.020                       |
|    | Line from<br>Schedule A/B: |                                                                                                  |                                      | ☐ 100% of fair market value, up to<br>any applicable statutory limit                |                                    |
| 3. | (Subject to adju  ✓ No     |                                                                                                  | years after that for cases           | s filed on or after the date of adjustment.; 1,215 days before you filed this case? |                                    |

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Debtor 1

Warrendell Jackson
First Name Middle Name

Last Name

| Case number | (if known) | <br> | <br> |  |
|-------------|------------|------|------|--|

#### Additional Page

|                            | on of the property and line<br>/B that lists this property | nt value of the<br>in you own | Amount      | of the exemption you claim                                 | Specific laws that allow exemption |
|----------------------------|------------------------------------------------------------|-------------------------------|-------------|------------------------------------------------------------|------------------------------------|
|                            |                                                            | the value from<br>lule A/B    | Check or    | ly one box for each exemption                              |                                    |
| Brief<br>description:      | Jewelry                                                    | \$<br>200.00                  | <b>4</b> \$ |                                                            | CCP §704.040                       |
| Line from<br>Schedule A/B: | 12                                                         | <br>                          |             | 6 of fair market value, up to applicable statutory limit   |                                    |
| Brief<br>description:      | Residence                                                  | \$<br>40,913.00               |             | 40,913.00                                                  | CCP §704.730                       |
| Line from<br>Schedule A/B: | 1                                                          |                               |             | 6 of fair market value, up to applicable statutory limit   |                                    |
| Brief<br>description:      | Automobile                                                 | \$<br>2,000.00                | <b>1</b> \$ | 2,000.00                                                   | CCP §704.010                       |
| Line from<br>Schedule A/B: | 3                                                          |                               |             | of fair market value, up to applicable statutory limit     |                                    |
| Brief<br>description:      | Firearms                                                   | \$<br>900.00                  | -           |                                                            | CCP §704.020                       |
| Line from<br>Schedule A/B: | 10                                                         | <br>                          |             | of fair market value, up to applicable statutory limit     |                                    |
| Brief<br>description:      | Third party claims                                         | \$<br>0.00                    |             |                                                            | CCP §704.160                       |
| Line from<br>Schedule A/B: | 33                                                         |                               |             | of fair market value, up to applicable statutory limit     |                                    |
| Brief<br>description:      |                                                            | \$                            | <b>□</b> \$ |                                                            |                                    |
| Line from<br>Schedule A/B: |                                                            |                               |             | of fair market value, up to applicable statutory limit     |                                    |
| Brief<br>description:      |                                                            | \$<br>                        |             |                                                            |                                    |
| Line from<br>Schedule A/B: |                                                            |                               |             | o of fair market value, up to<br>pplicable statutory limit |                                    |
| Brief<br>description:      |                                                            | \$<br>                        |             |                                                            |                                    |
| Line from<br>Schedule A/B: |                                                            |                               |             | of fair market value, up to pplicable statutory limit      |                                    |
| Brief<br>description:      |                                                            | \$<br>                        | <b>□</b> \$ |                                                            |                                    |
| Line from<br>Schedule A/B: |                                                            |                               |             | of fair market value, up to pplicable statutory limit      |                                    |
| Brief<br>description:      |                                                            | \$                            | <b>□</b> \$ |                                                            |                                    |
| Line from<br>Schedule A/B: |                                                            |                               |             | of fair market value, up to pplicable statutory limit      |                                    |
| Brief<br>description:      |                                                            | \$<br>                        | <b>_</b> \$ |                                                            |                                    |
| Line from<br>Schedule A/B: |                                                            |                               |             | of fair market value, up to pplicable statutory limit      |                                    |
| Brief<br>description:      |                                                            | \$<br>                        | <b>□</b> \$ |                                                            |                                    |
| Line from                  |                                                            | <br>                          |             | of fair market value, up to                                |                                    |

| Debtor 1                          | Warrendell Ja | ickson                                    |           |  |
|-----------------------------------|---------------|-------------------------------------------|-----------|--|
|                                   | First Name    | Middle Name                               | Last Name |  |
| Debtor 2                          |               |                                           |           |  |
| (Spouse, if filing                | ) First Name  | Middle Name                               | Last Name |  |
| (Spouse, if filing) United States | •             | Middle Name r the: Central District of Ca |           |  |

☐ Check if this is an amended filing

#### Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below.

| Part 1: List All Secured Claims                                                                                                                          |                                                                                                                                                                                     |                                                                   |                                                       |                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------|
| for each claim. If more than one creditor h                                                                                                              | more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. habetical order according to the creditor's name.             | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C<br>Unsecured<br>portion<br>If any |
| Specialized Loan Services                                                                                                                                | Describe the property that secures the claim:                                                                                                                                       | \$ <u>190,011.00</u>                                              | \$ 312,000.00                                         | \$0.00                                     |
| Creditor's Name 8742 Lucent Blvd. Number Street                                                                                                          | 2008; 23475 Strafford Street, Perris, CA 92570                                                                                                                                      |                                                                   |                                                       |                                            |
| Suite 300 Highlands Ranch CO 80129 City State ZIP Code                                                                                                   | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed                                                                                      |                                                                   |                                                       |                                            |
| Who owes the debt? Check one.                                                                                                                            | Nature of lien. Check all that apply.                                                                                                                                               |                                                                   |                                                       |                                            |
| □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt | An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit  Other (including a right to offset) | -                                                                 |                                                       |                                            |
| Date debt was incurred                                                                                                                                   | Last 4 digits of account number 8 2 1 4                                                                                                                                             |                                                                   |                                                       |                                            |
| 2.2                                                                                                                                                      | Describe the property that secures the claim:                                                                                                                                       | \$                                                                | \$                                                    | \$                                         |
| Creditor's Name                                                                                                                                          |                                                                                                                                                                                     | 7                                                                 |                                                       |                                            |
|                                                                                                                                                          | -                                                                                                                                                                                   |                                                                   |                                                       |                                            |
| Number Street  City State ZIP Code                                                                                                                       | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed                                                                                      | J                                                                 |                                                       |                                            |
| Who owes the debt? Check one.                                                                                                                            | Nature of lien. Check all that apply.                                                                                                                                               |                                                                   |                                                       |                                            |
| □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt | An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)    | -                                                                 |                                                       |                                            |
| Date debt was incurred                                                                                                                                   | Last 4 digits of account number                                                                                                                                                     |                                                                   |                                                       |                                            |
| Add the dollar value of your entries in                                                                                                                  | Column A on this page. Write that number here:                                                                                                                                      | s <u>190,011.00</u>                                               |                                                       |                                            |
|                                                                                                                                                          |                                                                                                                                                                                     | ·                                                                 | ······································                | ····                                       |

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| Fill in this             | information to ide    | entify your case:              |           |
|--------------------------|-----------------------|--------------------------------|-----------|
| Debtor 1                 | Warrendell Ja         | ackson                         |           |
|                          | First Name            | Middle Name                    | Last Name |
| Debtor 2                 |                       |                                |           |
| (Spouse, if filing       | g) First Name         | Middle Name                    | Last Name |
| United States            | s Bankruptcy Court fo | or the: Central District of Ca | alifornia |
| Case numbe<br>(If known) | r                     |                                |           |

#### Official Form 106E/F

#### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space Is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

| Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | rt 1: List All of Your PRIORITY Unsecure                                                                                                                                                                                                         | ed Claims                                                                                                                                                                                                                                                                                       |                                  |                                                       |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------|-----------------------------|
| ····· 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | each claim listed, identify what type of claim it is. If a nonpriority amounts. As much as possible, list the c                                                                                                                                  | editor has more than one priority unsecured claim, list to<br>a claim has both priority and nonpriority amounts, list the<br>claims in alphabetical order according to the creditor's no<br>Part 1. If more than one creditor holds a particular claim                                          | iat claim here<br>ame. If you ha | and show both pave more than to<br>r creditors in Par | priority and<br>vo priority |
| 2.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Priority Creditor's Name  Number Street                                                                                                                                                                                                          | Last 4 digits of account number                                                                                                                                                                                                                                                                 | \$                               | \$                                                    | _ \$                        |
| TO STATE OF THE PROPERTY OF TH | City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No  Yes | As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify |                                  |                                                       |                             |
| 2.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Priority Creditor's Name                                                                                                                                                                                                                         | Last 4 digits of account number                                                                                                                                                                                                                                                                 | \$                               | \$                                                    | \$                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No Yes      | As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify |                                  |                                                       |                             |

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Warrendell Jackson

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Part 1: Your PRIORITY Unsecured Claims — Continuation Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. **Priority** Nonpriority Total claim amount amount 2 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated State ZIP Code ☐ Disputed Who incurred the debt? Check one Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only ☐ Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated Check if this claim is for a community debt Other. Specify Is the claim subject to offset? ☐ No ☐ Yes 2.4 Last 4 digits of account number \_\_\_\_ \_\_\_ Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated State ZIP Code ☐ Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? ☐ No ☐ Yes 2.4 Last 4 digits of account number \_\_\_\_ \_\_ \_\_\_ Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. ☐ Contingent State ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government ☐ At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? ☐ No ☐ Yes

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Debtor 1

First Name Middle Name

Last Name

Case number (if known)

| Pa | rt 2:               | List All of You                                       | NONPRIOF                          | RITY Uns                      | ecured Claims         |                                                                                                              |                     |               |          |             |
|----|---------------------|-------------------------------------------------------|-----------------------------------|-------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------|---------------------|---------------|----------|-------------|
| 3. | Do any              | creditors have n                                      | onpriority un                     | secured cl                    | aims against you      | ?                                                                                                            | <u> </u>            |               |          |             |
|    | □ No.  ✓ Yes        |                                                       | to report in thi                  | is part. Sub                  | mit this form to the  | court with your other schedules.                                                                             |                     |               |          |             |
|    | nonprio<br>included | rity unsecured clair                                  | m, list the cred<br>than one cred | ditor separa<br>litor holds a | itely for each claim. | rder of the creditor who holds e<br>For each claim listed, identify what the other creditors in Part 3.If yo | at type of claim    | it is. Do not | list cla | ims already |
|    |                     |                                                       |                                   |                               |                       | 4 k (15 년 - ) 한테인텔 현실(4년) k. ()                                                                              |                     |               | Tota     | ıl claim    |
| .1 |                     | tal One Bank L                                        | SA NA                             |                               |                       | Last 4 digits of account number                                                                              | 5 1 7               | <u>8</u>      | \$       | 1,590.00    |
|    | •                   | 00 Capital One                                        | Way                               |                               |                       | When was the debt incurred?                                                                                  | 08/26/2016          |               | <b>v</b> |             |
|    | Number              | r Street<br>mond                                      |                                   | VA                            | 23060                 |                                                                                                              |                     |               |          |             |
|    | City                | - India                                               | _                                 | State                         | ZIP Code              | As of the date you file, the claim                                                                           | is: Check all that  | apply.        |          |             |
|    | 🗹 De                | incurred the debt? betor 1 only betor 2 only          | Check one.                        |                               |                       | ☐ Contingent ☐ Unliquidated ☐ Disputed                                                                       |                     |               |          |             |
|    |                     | ebtor 1 and Debtor 2 o                                | nly                               |                               |                       | Type of NONPRIORITY unsecu                                                                                   | ured claim:         |               |          |             |
|    |                     | least one of the debto                                |                                   |                               |                       | Student loans                                                                                                |                     |               |          |             |
|    |                     | neck if this claim is                                 |                                   | nity debt                     |                       | Obligations arising out of a separathat you did not report as priority                                       | claims              |               |          |             |
|    | 🗹 No                |                                                       | rset?                             |                               |                       | Debts to pension or profit-sharing  Other. Specify <u>credit card</u>                                        | g plans, and other  | similar debts |          |             |
|    | ☐ Ye                | s                                                     |                                   |                               |                       |                                                                                                              |                     |               |          |             |
| 2  | Nonprior            | enity Capital H<br>rity Creditor's Name<br>Box 182120 | SN                                |                               |                       | Last 4 digits of account number When was the debt incurred?                                                  | 5 7 8<br>07/02/2016 | 0             | \$       | 1,270.00    |
|    | Number              |                                                       |                                   | OH                            | 43218                 | As of the date you file, the claim                                                                           | is: Check all that  | apply.        |          |             |
|    | City                |                                                       |                                   | State                         | ZIP Code              | ☐ Contingent                                                                                                 |                     |               |          |             |
|    |                     | ncurred the debt?                                     | Check one.                        |                               |                       | ☐ Unliquidated☐ Disputed☐                                                                                    |                     |               |          |             |
|    |                     | btor 1 only<br>btor 2 only                            |                                   |                               |                       | •                                                                                                            |                     |               |          |             |
|    |                     | btor 1 and Debtor 2 o                                 |                                   |                               |                       | Type of NONPRIORITY unsecu                                                                                   | ıred claim:         |               |          |             |
|    |                     | least one of the debto                                |                                   |                               |                       | <ul><li>Student loans</li><li>Obligations arising out of a separ</li></ul>                                   | ration agreement o  | r divorce     |          |             |
|    |                     | eck if this claim is<br>claim subject to of           |                                   | nty debt                      |                       | that you did not report as priority  Debts to pension or profit-sharing                                      |                     | similar debts |          |             |
|    | Ø No<br>□ Yes       |                                                       | iset r                            |                               |                       | ☑ Other. Specify charge acco                                                                                 |                     |               |          |             |
| 3  |                     | lit One Bank                                          |                                   |                               |                       | Last 4 digits of account number                                                                              | _4 _4 _4 _          | 7             | ¢        | 1,425.00    |
|    |                     | Box 98872                                             |                                   |                               |                       | When was the debt incurred?                                                                                  | 04/05/2011          |               | ¥        | ·           |
|    | Number              |                                                       |                                   | NV                            | 89193                 |                                                                                                              |                     |               |          |             |
|    | City                | vegas                                                 |                                   | State                         | ZIP Code              | As of the date you file, the claim                                                                           | is: Check all that  | apply.        |          |             |
|    |                     | ncurred the debt?                                     | Check one.                        |                               |                       | Contingent Unliquidated                                                                                      |                     |               |          |             |
|    |                     | btor 1 only<br>btor 2 only                            |                                   |                               |                       | Disputed                                                                                                     |                     |               |          |             |
|    |                     | btor 2 only<br>btor 1 and Debtor 2 o                  | nly                               |                               |                       | Type of NONPRIORITY unsecu                                                                                   | red claim:          |               |          |             |
|    | ☐ At I              | east one of the debto                                 | rs and another                    |                               |                       | Student loans                                                                                                |                     |               |          |             |
|    | ☐ Che               | eck if this claim is                                  | for a commun                      | ity debt                      |                       | Obligations arising out of a separ                                                                           |                     | r divorce     |          |             |
|    | Is the €  No  Yes   | claim subject to of                                   | fset?                             |                               |                       | that you did not report as priority  Debts to pension or profit-sharing  Other. Specify <u>credit card</u>   |                     | similar debts |          |             |
|    |                     |                                                       |                                   |                               |                       |                                                                                                              |                     |               |          |             |

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Debtor 1

Warrendell Jackson

First Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page Total claim After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. 4.4 Last 4 digits of account number 4 4 4 7 544.00 Credit One Bank Nonpriority Creditor's Name 04/15/2011 When was the debt incurred? PO Box 98872 Number Street As of the date you file, the claim is: Check all that apply. NV Las Vegas 89193 State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify credit card ₩ No ☐ Yes 4.5 Last 4 digits of account number 5 1 7 8 475.00 First Premier Bank Nonpriority Creditor's Name 02/02/2011 When was the debt incurred? 3820 N Louise Avenue Number Street As of the date you file, the claim is: Check all that apply. Sioux Falls SD 57107 ZIP Code Contingent ☐ Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans ☐ At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify credit card ₩ No ☐ Yes 4.6 s 22,027.0 Last 4 digits of account number 9 0 8 8 **NMAC** Nonpriority Creditor's Name 06/28/2012 When was the debt incurred? PO Box 660368 Number As of the date you file, the claim is: Check all that apply. Dalls TX 75266 City ZIP Code Contingent ■ Unliquidated Who incurred the debt? Check one. Disputed ☑ Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify auto repossession deficiency ₩ No ☐ Yes

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Warrendell Jackson

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First Name Middle Name

Last Name

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

|              |        |                                        |             | On which entry in Part 1 or Part 2 did you list the original creditor?                                                     |
|--------------|--------|----------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------|
| Name         |        |                                        |             |                                                                                                                            |
| Number       | Street |                                        |             | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claim |
|              |        |                                        |             | ar all 2. Greditors with Northholity Grisecured Glain                                                                      |
|              |        |                                        |             | Last 4 digits of account number                                                                                            |
| City         |        | State                                  | ZIP Code    |                                                                                                                            |
| Name         |        |                                        |             | On which entry in Part 1 or Part 2 did you list the original creditor?                                                     |
|              |        |                                        |             | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims                                                     |
| Number       | Street |                                        |             | ☐ Part 2: Creditors with Nonpriority Unsecured                                                                             |
|              |        |                                        | <u>.</u>    | Claims                                                                                                                     |
| City         |        | State                                  | ZIP Code    | Last 4 digits of account number                                                                                            |
|              |        |                                        |             | On which entry in Part 1 or Part 2 did you list the original creditor?                                                     |
| lame         |        |                                        |             | _                                                                                                                          |
| Number       | Street |                                        |             | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims                                                     |
| tumber       | Street |                                        |             | Part 2: Creditors with Nonpriority Unsecured Claims                                                                        |
|              |        |                                        |             | Last 4 digits of account number                                                                                            |
| ity          |        | State                                  | ZIP Code    | On which cate in Post 4 or Post 2 did you list the original craditor?                                                      |
| ame          |        | <del></del>                            |             | On which entry in Part 1 or Part 2 did you list the original creditor?                                                     |
|              |        |                                        |             | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims                                                     |
| Number       | Street |                                        |             | Part 2: Creditors with Nonpriority Unsecured Claims                                                                        |
|              |        |                                        |             |                                                                                                                            |
| City         |        | State                                  | ZIP Code    | Last 4 digits of account number                                                                                            |
|              |        |                                        | _           | On which entry in Part 1 or Part 2 did you list the original creditor?                                                     |
| lame         |        |                                        |             | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims                                                     |
| lumber       | Street |                                        |             | Part 2: Creditors with Nonpriority Unsecured                                                                               |
|              |        |                                        |             | Claims                                                                                                                     |
| Nie .        |        | 01.11                                  | 710.0.4     | Last 4 digits of account number                                                                                            |
| City         |        | State                                  | ZÎP Code    | On which entry in Part 1 or Part 2 did you list the original creditor?                                                     |
| lame         |        |                                        |             | On which entry in Part 1 of Part 2 did you list the original creditor?                                                     |
| <del> </del> |        |                                        |             | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims                                                     |
| lumber       | Street |                                        |             | Part 2: Creditors with Nonpriority Unsecured Claims                                                                        |
|              |        |                                        |             |                                                                                                                            |
| City         |        | State                                  | ZIP Code    | Last 4 digits of account number                                                                                            |
| lame         |        | ······································ | <del></del> | On which entry in Part 1 or Part 2 did you list the original creditor?                                                     |
| lame         |        |                                        |             | Line of (Check and):  Deat 1: Creditors with Drievits Lineague d Claims                                                    |
| lumber       | Street |                                        |             | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured       |
|              |        |                                        | ···         | Claims                                                                                                                     |
|              |        |                                        |             | Last 4 digits of account number                                                                                            |
| City         |        | State                                  | ZIP Code    |                                                                                                                            |

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Debtor 1

Warrendell Jackson

Middle Name First Name

Last Name

Case number (if known)\_

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|              |                                                                                                                   |                                                        |              | Total claim |            |
|--------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------|-------------|------------|
| Total claims | 6a. <b>Domestic</b>                                                                                               | support obligations                                    | 6a.          | \$          | 0.00       |
| from Part 1  | 6b. <b>Taxes and</b><br><b>governm</b>                                                                            | d certain other debts you owe the ent                  | 6b.          | \$          | 0.00       |
|              | 6c. Claims fo<br>intoxicate                                                                                       | or death or personal injury while you<br>ed            | were<br>6c.  | \$          | 0.00       |
|              |                                                                                                                   | d all other priority unsecured claims.<br>amount here. | 6d.          | + \$        | 0.00       |
|              | 6e. <b>Total.</b> Add                                                                                             | d lines 6a through 6d.                                 | 6e.          | \$          | 0.00       |
|              |                                                                                                                   |                                                        |              | Total claim |            |
| Total claims | 6f. Student le                                                                                                    | oans                                                   | 6f.          | \$          | 0.00       |
| from Part 2  | 6g. Obligations arising out of a separation agreement<br>or divorce that you did not report as priority<br>claims | <b>ment</b><br>6g.                                     | \$           | 0.00        |            |
|              | 6h. <b>Debts to</b> j<br><b>similar d</b> e                                                                       | pension or profit-sharing plans, and<br>ebts           | other<br>6h. | \$          | 0.00       |
|              |                                                                                                                   |                                                        |              |             |            |
|              |                                                                                                                   | ld all other nonpriority unsecured claim amount here.  | s.<br>6i.    | + s         | 110,046.00 |
|              | Write that                                                                                                        |                                                        |              | + \$        | 110,046.00 |

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Debtor 1

Warrendell Jackson

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Case number (##moun)

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page Total claim After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. 4.7 Last 4 digits of account number  $\frac{5}{7}$   $\frac{7}{3}$   $\frac{3}{2}$ s 2,178.00 Verizon Wireless Nonpriority Creditor's Name 02/20/2017 When was the debt incurred? PO Box 650051 Number As of the date you file, the claim is: Check all that apply. **Dallas** TX 75265 State ZIP Code ☐ Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify Utility **☑** No ☐ Yes 4.8 Last 4 digits of account number 6 2 7 6 460.00 Webbank Fingerhut Nonpriority Creditor's Name 09/08/2011 When was the debt incurred? 6250 Ridgewood Road Number As of the date you file, the claim is: Check all that apply. St Cloud MN 56303 State ZIP Code ☐ Contingent ☐ Unliquidated Who incurred the debt? Check one. ■ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify charge account ₩ No ☐ Yes 710.00 4.9 Last 4 digits of account number 2 1 7 1 Credit Control Corporation Nonpriority Creditor's Name 06/14/2017 When was the debt incurred? PO Box 12570 Number Street As of the date you file, the claim is: Check all that apply. **Newport News** VA 23612 ZIP Code ☐ Contingent State ☐ Unliquidated Who incurred the debt? Check one. □ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? ☑ Other Specify collection agency ☑ No ☐ Yes

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Warrendell Jackson

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First Name Middle Name

|    | ar naung any entries on this page, n                                | umber the                               | om beginning with | 4.4, followed by 4.5, and so forth.                                                                                             | Total claim |  |
|----|---------------------------------------------------------------------|-----------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------|--|
| 10 | Diversified Consultants                                             |                                         |                   | Last 4 digits of account number 7 3 3 9 \$ 2,309.0                                                                              |             |  |
|    | Nonpriority Creditor's Name PO Box 551268                           |                                         |                   | When was the debt incurred? $08/06/2018$                                                                                        |             |  |
|    | Number Street Jacksonville                                          | FL                                      | 32255             | <ul> <li>As of the date you file, the claim is: Check all that apply.</li> </ul>                                                |             |  |
|    | City                                                                | State                                   | ZIP Code          | Contingent                                                                                                                      |             |  |
|    | Who incurred the debt? Check one                                    |                                         |                   | ☐ Unliquidated                                                                                                                  |             |  |
|    | Debtor 1 only                                                       |                                         |                   | ☐ Disputed                                                                                                                      |             |  |
|    | Debtor 2 only                                                       |                                         |                   | Type of NONPRIORITY unsecured claim:                                                                                            |             |  |
|    | Debtor 1 and Debtor 2 only                                          |                                         |                   | ☐ Student loans                                                                                                                 |             |  |
|    | At least one of the debtors and anothe                              | r                                       |                   | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul> |             |  |
|    | Check if this claim is for a commu                                  | unity debt                              |                   | Debts to pension or profit-sharing plans, and other similar debts                                                               |             |  |
|    | Is the claim subject to offset?                                     |                                         |                   | Other. Specify collection agency                                                                                                |             |  |
|    | Mo No ☐ Yes                                                         |                                         |                   |                                                                                                                                 |             |  |
| 44 |                                                                     | *************************************** |                   |                                                                                                                                 | 75.00       |  |
|    | Fidelity Creditors Service Nonpriority Creditor's Name              |                                         | <u>.</u>          | Last 4 digits of account number <u>F 6 0 0</u>                                                                                  | \$ 75.00    |  |
|    | 441 N Varney Street 2nd Floo                                        | or                                      |                   | When was the debt incurred? 10/02/2014                                                                                          |             |  |
|    | Burbank                                                             | CA                                      | 91502             | As of the date you file, the claim is: Check all that apply.                                                                    |             |  |
|    | City                                                                | State                                   | ZIP Code          | Contingent                                                                                                                      |             |  |
|    | Who incurred the debt? Check one.                                   |                                         |                   | ☐ Unliquidated☐ Disputed                                                                                                        |             |  |
|    | ☑ Debtor 1 only                                                     |                                         |                   | Disputed                                                                                                                        |             |  |
|    | Debtor 2 only                                                       |                                         |                   | Type of NONPRIORITY unsecured claim:                                                                                            |             |  |
|    | Debtor 1 and Debtor 2 only  At least one of the debtors and another | _                                       |                   | ☐ Student loans                                                                                                                 |             |  |
|    | _                                                                   |                                         |                   | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul> |             |  |
|    | ☐ Check if this claim is for a commu                                | ınity debt                              |                   | Debts to pension or profit-sharing plans, and other similar debts                                                               |             |  |
|    | Is the claim subject to offset?                                     |                                         |                   | Other. Specify collection agency                                                                                                |             |  |
|    | Mo<br>□ Yes                                                         |                                         |                   |                                                                                                                                 |             |  |
| 44 |                                                                     |                                         |                   |                                                                                                                                 | s 461.00    |  |
|    | Midland Funding LLC Nonpriority Creditor's Name                     |                                         |                   | Last 4 digits of account number 8 5 6 0                                                                                         | ¥           |  |
|    | 2365 Northside Drive Suite 30                                       | 00                                      |                   | When was the debt incurred? 09/27/2013                                                                                          |             |  |
|    | Number Street San Diego                                             | CA                                      | 92108             | As of the date you file, the claim is: Check all that apply.                                                                    |             |  |
|    | City                                                                | State                                   | ZIP Code          | Contingent                                                                                                                      |             |  |
|    | Who incurred the debt? Check one.                                   |                                         |                   | ☐ Unliquidated☐ Disputed                                                                                                        |             |  |
|    | Debtor 1 only                                                       |                                         |                   | Disputed                                                                                                                        |             |  |
|    | Debtor 2 only                                                       |                                         |                   | Type of NONPRIORITY unsecured claim:                                                                                            |             |  |
|    | Debtor 1 and Debtor 2 only                                          |                                         |                   | ☐ Student loans                                                                                                                 |             |  |
|    | At least one of the debtors and another                             |                                         |                   | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul> |             |  |
|    | ☐ Check if this claim is for a commu                                | inity debt                              |                   | Debts to pension or profit-sharing plans, and other similar debts                                                               |             |  |
|    | Is the claim subject to offset?  ✓ No  ☐ Yes                        |                                         |                   | ✓ Other Specify collection agency                                                                                               |             |  |

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| r listing any entries on this page, number the                                 | om beginning with |                                                                                                                                            | To | tal claim |  |
|--------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----|-----------|--|
| Midland Funding LLC Nonpriority Creditor's Name                                |                   | Last 4 digits of account number 8 5 6 2                                                                                                    | \$ | 545.00    |  |
| 2365 Northside Drive Suite 300                                                 |                   | When was the debt incurred? $\frac{03/18/2014}{}$                                                                                          |    |           |  |
| Number Street San Diego CA                                                     | 92108             | As of the date you file, the claim is: Check all that apply.                                                                               |    |           |  |
| City State ZiP Code  Who incurred the debt? Check one.                         |                   | ☐ Contingent ☐ Unliquidated ☐ Disputed                                                                                                     |    |           |  |
| Debtor 1 only Debtor 2 only                                                    |                   | Type of NONPRIORITY unsecured claim:                                                                                                       |    |           |  |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another         |                   | <ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>                                  |    |           |  |
| ☐ Check if this claim is for a community debt  Is the claim subject to offset? |                   | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collection agency |    |           |  |
| ☑ No<br>□ Yes                                                                  |                   |                                                                                                                                            |    |           |  |
| Midland Funding LLC Nonpriority Creditor's Name                                |                   | Last 4 digits of account number 8 5 6 7                                                                                                    | \$ | 760.00    |  |
| 2365 Northside Drive Suite 300                                                 |                   | When was the debt incurred? $\frac{10/19/2015}{10/19/2015}$                                                                                |    |           |  |
| Number Street San Diego CA                                                     | 92108             | As of the date you file, the claim is: Check all that apply.                                                                               |    |           |  |
| City State  Who incurred the debt? Check one.  Debtor 1 only                   | ZIP Code          | Contingent Unliquidated Disputed                                                                                                           |    |           |  |
| Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only                       |                   | Type of <b>NONPRIORITY</b> unsecured claim:                                                                                                |    |           |  |
| At least one of the debtors and another                                        |                   | Obligations arising out of a separation agreement or divorce that                                                                          |    |           |  |
| ☐ Check if this claim is for a community debt Is the claim subject to offset?  |                   | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collection agency |    |           |  |
| ☑ No<br>□ Yes                                                                  |                   | <u></u>                                                                                                                                    |    |           |  |
| Midland Funding LLC                                                            |                   | Last 4 digits of account number 8 5 6 8                                                                                                    | \$ | 600.00    |  |
| Nonpriority Creditor's Name 2365 Northside Drive Suite 300                     |                   | When was the debt incurred? 11/18/2015                                                                                                     |    |           |  |
| Number Street San Diego CA City State                                          | 92108<br>ZIP Code | As of the date you file, the claim is: Check all that apply.                                                                               |    |           |  |
| Who incurred the debt? Check one.                                              | ZIF Code          | ☐ Contingent☐ Unliquidated☐ Disputed                                                                                                       |    |           |  |
| ☑ Debtor 1 only ☐ Debtor 2 only                                                |                   | Type of NONPRIORITY unsecured claim:                                                                                                       |    |           |  |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another         |                   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that                                                        |    |           |  |
| ☐ Check if this claim is for a community debt                                  |                   | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                                   |    |           |  |
| Is the claim subject to offset?  ☑ No □ Yes                                    |                   | ☑ Other. Specify <u>collection agency</u>                                                                                                  |    |           |  |

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| fter listing any entries on this p                                                                                                                                                             | age, number them | beginning with           | h 4.4, followed by 4.5, and so forth.                                                                                                                                                                                                                                                                                                                           | Total claim          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Midland Funding LLC                                                                                                                                                                            |                  |                          | Last 4 digits of account number 9 4 1 2                                                                                                                                                                                                                                                                                                                         | \$ 7,794.00          |
| Nonpriority Creditor's Name 2365 Northside Drive Su                                                                                                                                            | uite 300         |                          | When was the debt incurred? 07/28/2017                                                                                                                                                                                                                                                                                                                          |                      |
| Number Street San Diego City                                                                                                                                                                   | CA<br>State      | 92108<br>ZIP Code        | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated                                                                                                                                                                                                                                                                           |                      |
| Who incurred the debt? Check  ✓ Debtor 1 only  ☐ Debtor 2 only  ☐ Debtor 1 and Debtor 2 only  ☐ At least one of the debtors and  ☐ Check if this claim is for a claim subject to offset?  ✓ No | another          |                          | <ul> <li>Unliquidated</li> <li>Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>✓ Other. Specify Collection agency</li> </ul> |                      |
| Monterey Collection Service Nonpriority Creditor's Name 4095 Avenida de la Plata                                                                                                               |                  |                          | Last 4 digits of account number 5 0 2 5  When was the debt incurred? 09/26/2014                                                                                                                                                                                                                                                                                 | \$ <u>15,252.0</u> € |
| Number Street Oceanside City  Who incurred the debt? Check                                                                                                                                     |                  | <b>92056</b><br>ZIP Code | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed                                                                                                                                                                                                                                                                  |                      |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim is for a c                                                                                        |                  |                          | Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                                                                                                                                                                                                 |                      |
| Is the claim subject to offset?  ☑ No ☐ Yes                                                                                                                                                    |                  |                          | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Collection agency                                                                                                                                                                                                                                                          |                      |
| Mountain Lion Acquisitio                                                                                                                                                                       | on_              |                          | Last 4 digits of account number 1 2 0 4                                                                                                                                                                                                                                                                                                                         | <u>\$</u> 10,499.0   |
| Nonpriority Creditor's Name<br>8448 Katella Avenue                                                                                                                                             |                  |                          | When was the debt incurred? 06/01/2015                                                                                                                                                                                                                                                                                                                          |                      |
| Number Street Stanton                                                                                                                                                                          | CA               | 90680                    | As of the date you file, the claim is: Check all that apply.                                                                                                                                                                                                                                                                                                    |                      |
| Who incurred the debt? Check                                                                                                                                                                   |                  | ZIP Code                 | Contingent Unliquidated Disputed                                                                                                                                                                                                                                                                                                                                |                      |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only                                                                                                                                         |                  |                          | Type of <b>NONPRIORITY</b> unsecured claim:                                                                                                                                                                                                                                                                                                                     |                      |
| At least one of the debtors and                                                                                                                                                                |                  |                          | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                                                                                                                                                                                                                                                         |                      |
| ☐ Check if this claim is for a claim subject to offset?  ☑ No ☐ Yes                                                                                                                            | community debt   |                          | Debts to pension or profit-sharing plans, and other similar debts  Other. Specify <u>Collection agency</u>                                                                                                                                                                                                                                                      |                      |

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Case number (if known)

| First Premier Bank                                                                 | ifth 4.4, followed by 4.5, and so forth. Total claim  Last 4 digits of account number $\frac{5}{1}$ $\frac{1}{7}$ $\frac{8}{8}$ $\frac{726.0}{8}$ |  |  |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Nonpriority Creditor's Name 3820 N Louise Avenue                                   | When was the debt incurred? 08/16/2018                                                                                                            |  |  |
| Number Street                                                                      | As of the date you file, the claim is: Check all that apply.                                                                                      |  |  |
| Sioux Falls         SD         57107           City         State         ZIP Code | Contingent                                                                                                                                        |  |  |
| Who incurred the debt? Check one.                                                  | ☐ Unliquidated ☐ Disputed                                                                                                                         |  |  |
| ☐ Debtor 1 only ☐ Debtor 2 only                                                    | Type of NONPRIORITY unsecured claim:                                                                                                              |  |  |
| Debtor 1 and Debtor 2 only                                                         | Student loans                                                                                                                                     |  |  |
| At least one of the debtors and another                                            | Obligations arising out of a separation agreement or divorce that                                                                                 |  |  |
| ☐ Check if this claim is for a community debt                                      | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                                          |  |  |
| Is the claim subject to offset?                                                    | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify_Credit card                                                  |  |  |
| Mo<br>□ Yes                                                                        | · · · · · · · · · · · · · · · · · · ·                                                                                                             |  |  |
| The Home Depot                                                                     | Last 4 digits of account number 6 0 3 5 \$ 1,939.0                                                                                                |  |  |
| Nonpriority Creditor's Name                                                        | 00/00/7                                                                                                                                           |  |  |
| PO Box 6497                                                                        | When was the debt incurred? U0/29/2017                                                                                                            |  |  |
| Number Street Sioux Falls SD 57117                                                 | As of the date you file, the claim is: Check all that apply.                                                                                      |  |  |
| City State ZIP Code                                                                | Contingent                                                                                                                                        |  |  |
| Who incurred the debt? Check one.                                                  | Unliquidated                                                                                                                                      |  |  |
| ✓ Debtor 1 only                                                                    | ☐ Disputed                                                                                                                                        |  |  |
| Debtor 2 only                                                                      | Type of NONPRIORITY unsecured claim:                                                                                                              |  |  |
| Debtor 1 and Debtor 2 only                                                         | ☐ Student loans                                                                                                                                   |  |  |
| ☐ At least one of the debtors and another                                          | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul>                   |  |  |
| ☐ Check if this claim is for a community debt                                      | Debts to pension or profit-sharing plans, and other similar debts                                                                                 |  |  |
| Is the claim subject to offset?                                                    | Other. Specify charge account                                                                                                                     |  |  |
| ☐ Yes                                                                              | \$ 1,075.00                                                                                                                                       |  |  |
| Airport Collision Repair Nonpriority Creditor's Name                               | Last 4 digits of account number 1 1 6 0                                                                                                           |  |  |
| 513 S La Brea Avenue                                                               | When was the debt incurred? 02/25/2014                                                                                                            |  |  |
| Number Street Inglewood CA 90301                                                   | As of the date you file, the claim is: Check all that apply.                                                                                      |  |  |
| City State ZIP Code                                                                | Contingent                                                                                                                                        |  |  |
| Who incurred the debt? Check one.                                                  | ☐ Unliquidated ☐ Disputed                                                                                                                         |  |  |
| Debtor 1 only                                                                      | - Disputed                                                                                                                                        |  |  |
| Debtor 2 only                                                                      | Type of NONPRIORITY unsecured claim:                                                                                                              |  |  |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another             | ☐ Student loans                                                                                                                                   |  |  |
| · · · · · · · · · · · · · · · · · · ·                                              | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul>                   |  |  |
| ☐ Check if this claim is for a community debt                                      | Debts to pension or profit-sharing plans, and other similar debts                                                                                 |  |  |
| s the claim subject to offset?   No                                                | ✓ Other Specify miscellaneous debt                                                                                                                |  |  |
| W No<br>□ Yes                                                                      |                                                                                                                                                   |  |  |

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Last Name

| ilsting any entries on this parameter AMO Recoveries                                   | ige, number them beginning wil | Last 4 digits of account number 6 4 1 2                                                                                                                                                                                                                 | Tol | <b>tal claim</b><br>0.00 |
|----------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------|
| Nonpriority Creditor's Name 5655 Peachtree Parkwa                                      | v Suite 213                    | When was the debt incurred? 06/25/2014                                                                                                                                                                                                                  | Ψ   |                          |
| Number Street Norcross                                                                 | GA 30092                       | As of the date you file, the claim is: Check all that apply.                                                                                                                                                                                            |     |                          |
| City  Who incurred the debt? Check                                                     | State ZIP Code                 | ☐ Contingent ☐ Unliquidated ☐ Disputed                                                                                                                                                                                                                  |     |                          |
| □ Debtor 1 only     □ Debtor 2 only     □ Debtor 1 and Debtor 2 only                   |                                | Type of <b>NONPRIORITY</b> unsecured claim:                                                                                                                                                                                                             |     |                          |
| ☐ At least one of the debtors and ☐ Check if this claim is for a claim to offset? ☑ No |                                | <ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify <u>Collection agency</u></li> </ul> |     |                          |
| ¥ No<br>☐ Yes                                                                          |                                |                                                                                                                                                                                                                                                         | ~~  |                          |
| EOS CCA                                                                                |                                | Last 4 digits of account number 3 3 2 9                                                                                                                                                                                                                 | \$  | 0.00                     |
| Nonpriority Creditor's Name PO Box 981025                                              |                                | When was the debt incurred? 03/01/2018                                                                                                                                                                                                                  |     |                          |
| Number Street Boston                                                                   | MA 02298                       | As of the date you file, the claim is: Check all that apply.                                                                                                                                                                                            |     |                          |
| City  Who incurred the debt? Check of Debtor 1 only                                    | State ZIP Code                 | ☐ Contingent ☐ Unliquidated ☐ Disputed                                                                                                                                                                                                                  |     |                          |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and               | another                        | Type of <b>NONPRIORITY</b> unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that                                                                                                                            |     |                          |
| ☐ Check if this claim is for a class the claim subject to offset?                      | ommunity debt                  | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify <u>Collection agency</u>                                                                                                       |     |                          |
| Mo No<br>□ Yes                                                                         |                                |                                                                                                                                                                                                                                                         |     |                          |
| Clinic Medical Services C                                                              | Company LLC                    | Last 4 digits of account number 2 7 3 2                                                                                                                                                                                                                 | \$  | 73.00                    |
| 44000 Garfield Road                                                                    |                                | When was the debt incurred? $\frac{03/04/2017}{}$                                                                                                                                                                                                       |     |                          |
| Number Street<br>Clinton                                                               | MI 48038                       | As of the date you file, the claim is: Check all that apply.                                                                                                                                                                                            |     |                          |
| Oity  Who incurred the debt? Check of                                                  | State ZIP Code                 | ☐ Contingent ☐ Unliquidated ☐ Disputed                                                                                                                                                                                                                  |     |                          |
| Debtor 1 only Debtor 2 only                                                            |                                | Type of NONPRIORITY unsecured claim:                                                                                                                                                                                                                    |     |                          |
| Debtor 1 and Debtor 2 only  At least one of the debtors and a                          | another                        | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that                                                                                                                                                                     |     |                          |
| ☐ Check if this claim is for a c                                                       | ommunity debt                  | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                |     |                          |
| s the claim subject to offset?  ✓ No  ☐ Yes                                            |                                | Other: Specify medical                                                                                                                                                                                                                                  |     |                          |

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Warrendell Jackson

Middle Name

First Name

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page Total claim After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. 4 Last 4 digits of account number 0 5 0 6 134.00 Credit Collection Services Nonpriority Creditor's Name 04/05/2018 When was the debt incurred? 725 Canton Street Number Street As of the date you file, the claim is: Check all that apply. Norwood MA 02062 State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify collection agency ₩ No ☐ Yes 4 Last 4 digits of account number 2 4 0 8 332.00 Southern California Edison Nonpriority Creditor's Name 11/17/2018 When was the debt incurred? PO Box 6400 As of the date you file, the claim is: Check all that apply. Rancho Cucamonga CA 91729 State ZIP Code ☐ Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify Utility ☑ No Yes 4 198.00 Last 4 digits of account number 0 8 K 0 Ready Refresh by Nestle Nonpriority Creditor's Name 11/07/2018 When was the debt incurred? 6661 Dixie Hwy Suite 4 As of the date you file, the claim is: Check all that apply. Louisville KY 40258 ZIP Code State Contingent ☐ Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? ✓ Other. Specify charge account M No ☐ Yes

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Debtor 1

Warrendell Jackson

First Name Middle Name Last Name

Case number (if known)

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| listing any entries on this p                                                            | age, number the | em beginning with | h 4.4, followed by 4.5, and so forth.                                                                                                                                                                  | Ta | otal claim |
|------------------------------------------------------------------------------------------|-----------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------|
| Clinic Medical Services                                                                  | Company LL0     |                   | Last 4 digits of account number 2 7 3 2                                                                                                                                                                | \$ | 73.00      |
| Nonpriority Creditor's Name PO Box 92237                                                 |                 |                   | When was the debt incurred? $\frac{04/07/2018}{}$                                                                                                                                                      |    |            |
| Number Street Cleveland City                                                             | OH<br>State     | 44193<br>ZIP Code | As of the date you file, the claim is: Check all that apply.  Contingent                                                                                                                               |    |            |
| Who incurred the debt? Check                                                             |                 |                   | ☐ Unliquidated ☐ Disputed                                                                                                                                                                              |    |            |
| ✓ Debtor 1 only     ✓ Debtor 2 only     ✓ Debtor 1 and Debtor 2 only                     |                 |                   | Type of <b>NONPRIORITY</b> unsecured claim:                                                                                                                                                            |    |            |
| At least one of the debtors and Check if this claim is for a                             |                 |                   | <ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul> |    |            |
| ls the claim subject to offset?<br>☑ No<br>☐ Yes                                         |                 |                   | Other. Specify medical                                                                                                                                                                                 |    |            |
| Western Dental Centers                                                                   |                 |                   | Last 4 digits of account number 7 5 1 0                                                                                                                                                                | \$ | 256.00     |
| Nonpriority Creditor's Name PO Box 1259, Dept. 188                                       | 182             |                   | When was the debt incurred? 09/20/2018                                                                                                                                                                 |    |            |
| Number Street Oaks                                                                       | PA              | 19456             | As of the date you file, the claim is: Check all that apply.                                                                                                                                           |    |            |
| City  Who incurred the debt? Check                                                       | State one.      | ZIP Code          | ☐ Contingent ☐ Unliquidated ☐ Disputed                                                                                                                                                                 |    |            |
| □ Debtor 1 only     □ Debtor 2 only     □ Debtor 1 and Debtor 2 only                     |                 |                   | Type of NONPRIORITY unsecured claim:                                                                                                                                                                   |    |            |
| <ul><li>At least one of the debtors and</li><li>Check if this claim is for a</li></ul>   |                 |                   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                                                                                                |    |            |
| Is the claim subject to offset?<br>✓ No                                                  | community debt  |                   | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify medical                                                                                                           |    |            |
| Yes                                                                                      |                 | <del></del>       | Last 4 digits of account number 8 8 6 9                                                                                                                                                                | \$ | 139.00     |
| Spectrum Nonpriority Creditor's Name                                                     |                 |                   | When was the debt incurred? 03/13/2018                                                                                                                                                                 |    |            |
| PO Box 2553  Number Street  Columbus                                                     | OH              | 43216             | As of the date you file, the claim is: Check all that apply.                                                                                                                                           |    |            |
| City Who incurred the debt? Check                                                        | State           | ZIP Code          | ☐ Contingent☐ Unliquidated☐ Disputed                                                                                                                                                                   |    |            |
| Debtor 1 only Debtor 2 only                                                              |                 |                   | Type of NONPRIORITY unsecured claim:                                                                                                                                                                   |    |            |
| Debtor 1 and Debtor 2 only  At least one of the debtors and                              | another         |                   | ☐ Student loans                                                                                                                                                                                        |    |            |
| <ul><li>At least one of the deptors and</li><li>Check if this claim is for a c</li></ul> |                 |                   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                                                                                                |    |            |
| Is the claim subject to offset?  ✓ No                                                    | •               |                   | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify <u>utility</u>                                                                                                    |    |            |

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Debtor 1

Warrendell Jackson
First Name Middle Name

Last Name

Case number (if known)\_

| Cedars Sinai                                    |               |                   | Last 4 digits of account number 1 9 8 7                                                                  | <sub>\$</sub> 552.00 |
|-------------------------------------------------|---------------|-------------------|----------------------------------------------------------------------------------------------------------|----------------------|
| Nonpriority Creditor's Name PO Box 48954        |               |                   | When was the debt incurred? 06/11/2018                                                                   |                      |
| Number Street Los Angeles                       | CA            | 90048             | As of the date you file, the claim is: Check all that apply.                                             |                      |
| City                                            | State         | ZIP Code          | □ Contingent                                                                                             |                      |
| Who incurred the debt? Check of                 | one.          |                   | ☐ Unliquidated ☐ Disputed                                                                                |                      |
| ☑ Debtor 1 only<br>☑ Debtor 2 only              |               |                   | Type of NONPRIORITY unsecured claim:                                                                     |                      |
| Debtor 1 and Debtor 2 only                      |               |                   | ☐ Student loans                                                                                          |                      |
| At least one of the debtors and                 |               |                   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |                      |
| Check if this claim is for a c                  | ommunity debt |                   | Debts to pension or profit-sharing plans, and other similar debts                                        |                      |
| ls the claim subject to offset?  Mo             |               |                   | Other. Specify medical                                                                                   |                      |
| ☐ Yes                                           |               |                   |                                                                                                          |                      |
| Terminix                                        |               |                   | Last 4 digits of account number 8 9 1 1                                                                  | \$ <u>3,300.00</u>   |
| Nonpriority Creditor's Name 13722 Harvard Place |               |                   | When was the debt incurred?                                                                              |                      |
| Number Street                                   |               |                   | — As of the date you file, the claim is: Check all that apply.                                           |                      |
| Gardena<br>City                                 | CA<br>State   | 90249<br>ZIP Code | Contingent                                                                                               |                      |
| Who incurred the debt? Check o                  |               | 2-11              | Unliquidated                                                                                             |                      |
| Who incurred the debt? Check of Debtor 1 only   | nie.          |                   | ☐ Disputed                                                                                               |                      |
| Debtor 2 only                                   |               |                   | Type of NONPRIORITY unsecured claim:                                                                     |                      |
| Debtor 1 and Debtor 2 only                      |               |                   | ☐ Student loans                                                                                          |                      |
| At least one of the debtors and a               |               |                   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |                      |
| Check if this claim is for a c                  | ommunity debt |                   | Debts to pension or profit-sharing plans, and other similar debts                                        |                      |
| s the claim subject to offset?  No              |               |                   | Other. Specify miscellaneous debt                                                                        |                      |
| Yes                                             |               |                   |                                                                                                          | s 1,100.00           |
| Terminix                                        |               |                   | Last 4 digits of account number                                                                          | <u>\$_1,100.00</u>   |
| Nonpriority Creditor's Name 42065 Zew Drive #2  |               |                   | When was the debt incurred?                                                                              |                      |
| Number Street Temecula                          | CA            | 92590             | As of the date you file, the claim is: Check all that apply.                                             |                      |
| City                                            | State         | ZIP Code          | Contingent                                                                                               |                      |
| Who incurred the debt? Check o                  | ne            |                   | Unliquidated                                                                                             |                      |
| Debtor 1 only                                   | nio.          |                   | ☐ Disputed                                                                                               |                      |
| Debtor 2 only                                   |               |                   | Type of NONPRIORITY unsecured claim:                                                                     |                      |
| Debtor 1 and Debtor 2 only                      |               |                   | Student loans                                                                                            |                      |
| At least one of the debtors and a               | another       |                   | Obligations arising out of a separation agreement or divorce that                                        |                      |
| Check if this claim is for a c                  | ommunity debt |                   | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |                      |
| s the claim subject to offset?                  |               |                   | Other. Specify miscellaneous debt                                                                        |                      |
| <b>a</b> No                                     |               |                   |                                                                                                          |                      |

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Debtor 1

Warrendell Jackson

Middle Name

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Last Name

| r listing any entries on this p                                 | age, number the | em beginning with | h 4.4, followed by 4.5, and so forth.                                                                                           | Total cla          |
|-----------------------------------------------------------------|-----------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Waste Management                                                |                 |                   | Last 4 digits of account number R V C 2                                                                                         | \$_2,700           |
| Nonpriority Creditor's Name<br>800 S Temescal Street            |                 |                   | When was the debt incurred?                                                                                                     |                    |
| Number Street  Corona                                           | CA              | 92879             | As of the date you file, the claim is: Check all that apply.                                                                    |                    |
| City                                                            | State           | ZIP Code          | Contingent                                                                                                                      |                    |
| Who incurred the debt? Check                                    | 000             |                   | Unliquidated                                                                                                                    |                    |
|                                                                 | one.            |                   | ☐ Disputed                                                                                                                      |                    |
| ✓ Debtor 1 only     ✓ Debtor 2 only                             |                 |                   | Type of NONPRIORITY unsecured claim:                                                                                            |                    |
| Debtor 1 and Debtor 2 only                                      |                 |                   | Student loans                                                                                                                   |                    |
| At least one of the debtors and                                 | another         |                   | <ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>                    |                    |
| Check if this claim is for a                                    | community debt  |                   | you did not report as priority claims                                                                                           |                    |
| ls the claim subject to offset?                                 |                 |                   | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify miscellaneous debt                         |                    |
| <b>v</b> No<br>□ Yes                                            |                 |                   |                                                                                                                                 |                    |
| Eastern Municipal Water                                         | r District      |                   | Last 4 digits of account number 2 3 4 7                                                                                         | \$ <u>94</u>       |
| Nonpriority Creditor's Name                                     | . 21011101      |                   |                                                                                                                                 |                    |
| 2270 Trumble Road                                               |                 |                   | When was the debt incurred?                                                                                                     |                    |
| Number Street                                                   | C4              | 02570             | — As of the date you file, the claim is: Check all that apply.                                                                  |                    |
| Perris<br>Dity                                                  | State           | 92570<br>ZIP Code | Contingent                                                                                                                      |                    |
| •                                                               |                 |                   | Unliquidated                                                                                                                    |                    |
| Who incurred the debt? Check                                    | one.            |                   | Disputed                                                                                                                        |                    |
| Debtor 1 only                                                   |                 |                   |                                                                                                                                 |                    |
| Debtor 2 only                                                   |                 |                   | Type of NONPRIORITY unsecured claim:                                                                                            |                    |
| ☐ Debtor 1 and Debtor 2 only☐ ☐ At least one of the debtors and | another         |                   | Student loans                                                                                                                   |                    |
| _                                                               |                 |                   | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul> |                    |
| Check if this claim is for a c                                  | community debt  |                   | Debts to pension or profit-sharing plans, and other similar debts                                                               |                    |
| s the claim subject to offset?                                  |                 |                   | Other. Specify Utility                                                                                                          |                    |
| <b>2</b> ÍNo<br>□ Yes                                           |                 |                   |                                                                                                                                 |                    |
| American Home Shield                                            |                 |                   | Last 4 digits of account number                                                                                                 | <sub>\$_</sub> 700 |
| Nonpriority Creditor's Name                                     |                 |                   |                                                                                                                                 |                    |
| PO Box 787                                                      |                 |                   | When was the debt incurred?                                                                                                     |                    |
| lumber Street<br>Carroll                                        | IA              | 51401             | As of the date you file, the claim is: Check all that apply.                                                                    |                    |
| City                                                            | State           | ZIP Code          | Contingent                                                                                                                      |                    |
| Who incurred the debt? Check                                    | one.            |                   | ☐ Unliquidated ☐ Disputed                                                                                                       |                    |
| Debtor 1 only                                                   |                 |                   |                                                                                                                                 |                    |
| Debtor 2 only                                                   |                 |                   | Type of NONPRIORITY unsecured claim:                                                                                            |                    |
| Debtor 1 and Debtor 2 only                                      |                 |                   | ☐ Student loans                                                                                                                 |                    |
| At least one of the debtors and                                 | another         |                   | Obligations arising out of a separation agreement or divorce that                                                               |                    |
| Check if this claim is for a c                                  | community debt  |                   | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                        |                    |
| s the claim subject to offset?                                  |                 |                   | Other. Specify <u>Utility</u>                                                                                                   |                    |
| <b>Ž</b> ÍNo<br>☑ Yes                                           |                 |                   |                                                                                                                                 |                    |

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Warrendell Jackson First Name Middle Name

Last Name

Case number (if known)\_

| After listing any entric                  | es on this page, number the | om beginning with | h 4.4, followed by 4.5, and so forth.                                                                                                        | Tota         | al claim |
|-------------------------------------------|-----------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|
| ADT Security                              | System                      |                   | Last 4 digits of account number                                                                                                              | <u>\$_1,</u> | 434.00   |
| Nonpriority Creditor's Na<br>3190 S Vaugh |                             |                   | When was the debt incurred?                                                                                                                  |              |          |
| Number Street                             | CO                          | 80014             | As of the date you file, the claim is: Check all that apply.                                                                                 |              |          |
| Aurora<br>City                            | State                       | ZIP Code          | Contingent                                                                                                                                   |              |          |
| Who incurred the                          | daht? Chask and             |                   | Unliquidated                                                                                                                                 |              |          |
| Debtor 1 only                             | debt r Check one.           |                   | ☐ Disputed                                                                                                                                   |              |          |
| Debtor 2 only                             |                             |                   | Type of NONPRIORITY unsecured claim:                                                                                                         |              |          |
| Debtor 1 and De                           | •                           |                   | ☐ Student loans                                                                                                                              |              |          |
|                                           | e debtors and another       |                   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                                      |              |          |
| Check if this ci                          | aim is for a community debt |                   | Debts to pension or profit-sharing plans, and other similar debts                                                                            |              |          |
| Is the claim subject                      | ct to offset?               |                   | Other. Specify <u>utility</u>                                                                                                                |              |          |
| ☑ No<br>☐ Yes                             |                             |                   |                                                                                                                                              |              |          |
| Great Western                             | Retirement Services         |                   | Last 4 digits of account number                                                                                                              | \$           | 0.00     |
| Nonpriority Creditor's Na PO Box 17376    |                             |                   | When was the debt incurred?                                                                                                                  |              |          |
| Number Street                             |                             | 00047             | As of the date you file, the claim is: Check all that apply.                                                                                 |              |          |
| Denver<br>City                            | CO<br>State                 | 80217<br>ZIP Code | Contingent                                                                                                                                   |              |          |
| Mark a fire account of Alexander          | deleta avente e e           |                   | Unliquidated                                                                                                                                 |              |          |
| Who incurred the Debtor 1 only            | GEDT? Check one.            |                   | ☐ Disputed                                                                                                                                   |              |          |
| Debtor 2 only                             |                             |                   | Type of NONPRIORITY unsecured claim:                                                                                                         |              |          |
| Debtor 1 and Del                          | •                           |                   | ☐ Student loans                                                                                                                              |              |          |
| ☐ At least one of th                      | e debtors and another       |                   | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul>              |              |          |
| Check if this cl                          | aim is for a community debt |                   | Debts to pension or profit-sharing plans, and other similar debts                                                                            |              |          |
| ls the claim subject<br>√1 No  ☐ Yes      | t to offset?                |                   | Other Specify miscellaneous debt                                                                                                             |              |          |
| 7                                         |                             |                   | Last 4 digits of account number                                                                                                              | <b>\$</b>    | 0.00     |
| Chex Systems Nonpriority Creditor's Na    | , Inc.<br>me                |                   |                                                                                                                                              |              |          |
|                                           | Road, Suite 100             |                   | When was the debt incurred?                                                                                                                  |              |          |
| Number Street Woodbury                    | MN                          | 55125             | As of the date you file, the claim is: Check all that apply.                                                                                 |              |          |
| City                                      | State                       | ZIP Code          | ☐ Contingent☐ Unliquidated                                                                                                                   |              |          |
| Who incurred the                          | debt? Check one.            |                   | ☐ Disputed                                                                                                                                   |              |          |
| Debtor 1 only                             |                             |                   |                                                                                                                                              |              |          |
| ☐ Debtor 2 only☐ Debtor 1 and Del         | ntor 2 only                 |                   | Type of NONPRIORITY unsecured claim:                                                                                                         |              |          |
|                                           | e debtors and another       |                   | <ul> <li>         ☐ Student loans     </li> <li>         ☐ Obligations arising out of a separation agreement or divorce that     </li> </ul> |              |          |
| Check if this cl                          | aim is for a community debt |                   | you did not report as priority claims                                                                                                        |              |          |
| Is the claim subject                      | •                           |                   | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Collection agency                                       |              |          |
| ✓ No<br>☐ Yes                             |                             |                   | Other Specify Collection agency                                                                                                              |              |          |
|                                           |                             |                   |                                                                                                                                              |              |          |

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Debtor 1

Warrendell Jackson

Last Name

| listing any entries on this page, numb               | r them beginning with | n 4.4, followed by 4.5, and so forth.                                                                                           | Total cla        |
|------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------|
| Chase Bank                                           |                       | Last 4 digits of account number                                                                                                 | \$_1,000         |
| onpriority Creditor's Name<br>17200 S Hawthorne Blvd |                       | When was the debt incurred?                                                                                                     |                  |
| Torrance C                                           | A 90504               | As of the date you file, the claim is: Check all that apply.                                                                    |                  |
| ity Stat                                             | e ZIP Code            | Contingent                                                                                                                      |                  |
| Who incurred the debt? Check one.                    |                       | Unliquidated                                                                                                                    |                  |
| Debtor 1 only                                        |                       | ☐ Disputed                                                                                                                      |                  |
| Debtor 2 only                                        |                       | Type of NONPRIORITY unsecured claim:                                                                                            |                  |
| Debtor 1 and Debtor 2 only                           |                       | Student loans                                                                                                                   |                  |
| At least one of the debtors and another              |                       | Obligations arising out of a separation agreement or divorce that                                                               |                  |
| Check if this claim is for a community               | debt                  | you did not report as priority claims                                                                                           |                  |
| s the claim subject to offset?                       |                       | ☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify bank overdraft                              |                  |
| 1 No                                                 |                       | Oller. Specify Darint Overlands                                                                                                 |                  |
| Yes                                                  |                       |                                                                                                                                 |                  |
| JNIFY Financial Credit Union                         |                       | Last 4 digits of account number                                                                                                 | \$ <u> </u>      |
| onpriority Creditor's Name                           |                       |                                                                                                                                 |                  |
| PO Box 10018                                         |                       | When was the debt incurred?                                                                                                     |                  |
| umber Street<br>Manhattan Beach C                    | A 90267               | As of the date you file, the claim is: Check all that apply.                                                                    |                  |
| ty Stat                                              |                       | Contingent                                                                                                                      |                  |
|                                                      |                       | ☐ Unliquidated                                                                                                                  |                  |
| /ho incurred the debt? Check one.                    |                       | ☐ Disputed                                                                                                                      |                  |
| Debtor 1 only                                        |                       | Time of NONDRIORITY incomed desire                                                                                              |                  |
| Debtor 2 only Debtor 1 and Debtor 2 only             |                       | Type of NONPRIORITY unsecured claim:                                                                                            |                  |
| At least one of the debtors and another              |                       | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that                                             |                  |
| Check if this claim is for a community               | lahi                  | you did not report as priority claims                                                                                           |                  |
| •                                                    | Jebi                  | Debts to pension or profit-sharing plans, and other similar debts                                                               |                  |
| the claim subject to offset?                         |                       | Other. Specify bank overdraft                                                                                                   |                  |
| Î No<br>Î Yes                                        |                       |                                                                                                                                 |                  |
| Лetro Express Line                                   |                       | Last 4 digits of account number 5 3 2 4                                                                                         | <sub>\$160</sub> |
| onpriority Creditor's Name                           |                       | _                                                                                                                               |                  |
| 500 West 190th Street                                |                       | When was the debt incurred?                                                                                                     |                  |
| umber Street<br>Gardena CA                           | 00249                 | As of the date you file, the claim is: Check all that apply.                                                                    |                  |
| Gardena C/                                           |                       | Contingent                                                                                                                      |                  |
|                                                      |                       | ☐ Unliquidated                                                                                                                  |                  |
| /ho incurred the debt? Check one.                    |                       | ☐ Disputed                                                                                                                      |                  |
| Debtor 1 only                                        |                       | Type of NONDBIODITY upgenered alabase                                                                                           |                  |
| Debtor 2 only Debtor 1 and Debtor 2 only             |                       | Type of NONPRIORITY unsecured claim:                                                                                            |                  |
| At least one of the debtors and another              |                       | Student loans  Obligations origins out of a constraint agreement or diverse that                                                |                  |
| Chack if this claim is for a service                 | laht                  | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul> |                  |
| Check if this claim is for a community               | ient                  | Debts to pension or profit-sharing plans, and other similar debts                                                               |                  |
| the claim subject to offset?<br>∡                    |                       | ✓ Other. Specify miscellaneous debt                                                                                             |                  |
| <b>1</b> No                                          |                       |                                                                                                                                 |                  |

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Debtor 1

Last Name

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| listing any entries on this page         | , number the   | m beginning with | n 4.4, followed by 4.5, and so forth.                                                                                           | Total clair          |
|------------------------------------------|----------------|------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Westside Loan Office                     |                |                  | Last 4 digits of account number                                                                                                 | \$_10,959.           |
| 2117 W Jefferson Blvd                    |                |                  | When was the debt incurred?                                                                                                     |                      |
| Number Street Los Angeles                | CA             | 90018            | As of the date you file, the claim is: Check all that apply.                                                                    |                      |
| City                                     | State          | ZIP Code         | Contingent                                                                                                                      |                      |
| Who incurred the debt? Check one.        |                |                  | Unliquidated                                                                                                                    |                      |
| Debtor 1 only                            |                |                  | ☐ Disputed                                                                                                                      |                      |
| Debtor 2 only                            |                |                  | Type of NONPRIORITY unsecured claim:                                                                                            |                      |
| Debtor 1 and Debtor 2 only               |                |                  | Student loans                                                                                                                   |                      |
| At least one of the debtors and ano      | ther           |                  | <ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>                    |                      |
| Check if this claim is for a com         | فعامات بخاسييس |                  | you did not report as priority claims                                                                                           |                      |
|                                          | munity debt    |                  | Debts to pension or profit-sharing plans, and other similar debts                                                               |                      |
| Is the claim subject to offset?          |                |                  | Other. Specify miscellaneous debt                                                                                               |                      |
| <b>☑</b> No                              |                |                  |                                                                                                                                 |                      |
| ☐ Yes                                    |                |                  |                                                                                                                                 |                      |
| Lawndale Municipal                       |                |                  | Last 4 digits of account number                                                                                                 | \$ <u>600</u> .      |
| Nonpriority Creditor's Name              |                |                  |                                                                                                                                 |                      |
| 14616 Grevillea Ave                      |                |                  | When was the debt incurred?                                                                                                     |                      |
| Number Street                            |                | 00000            | As of the date you file, the claim is: Check all that apply.                                                                    |                      |
| Lawndale                                 | CA<br>State    | 90260            |                                                                                                                                 |                      |
| City                                     | State          | ZIP Code         | ☐ Contingent                                                                                                                    |                      |
| Who incurred the debt? Check one.        |                |                  | ☐ Unliquidated☐ Disputed                                                                                                        |                      |
| Debtor 1 only                            |                |                  | ☐ Disputed                                                                                                                      |                      |
| Debtor 2 only                            |                |                  | Type of NONPRIORITY unsecured claim:                                                                                            |                      |
| Debtor 1 and Debtor 2 only               |                |                  | Student loans                                                                                                                   |                      |
| At least one of the debtors and ano      | ther           |                  | Obligations arising out of a separation agreement or divorce that                                                               |                      |
| ☐ Check if this claim is for a com       | munity debt    |                  | you did not report as priority claims                                                                                           |                      |
|                                          | munity debt    |                  | Debts to pension or profit-sharing plans, and other similar debts                                                               |                      |
| s the claim subject to offset?           |                |                  | ☑ Other. Specify <u>utility</u>                                                                                                 |                      |
| ☑ No<br>☑ Yes                            |                |                  |                                                                                                                                 |                      |
|                                          |                |                  | Last 4 digits of account number                                                                                                 | <sub>\$_8,200.</sub> |
| MRS BPO, LLC Nonpriority Creditor's Name | ,              |                  |                                                                                                                                 |                      |
| 1930 Olney Avenue                        |                |                  | When was the debt incurred?                                                                                                     |                      |
| Number Street                            |                |                  | _                                                                                                                               |                      |
| Cherry Hill                              | NJ             | 08003            | As of the date you file, the claim is: Check all that apply.                                                                    |                      |
| City                                     | State          | ZIP Code         | ☐ Contingent                                                                                                                    |                      |
| Who incurred the debt? Check one.        |                |                  | Unliquidated                                                                                                                    |                      |
|                                          |                |                  | ☐ Disputed                                                                                                                      |                      |
| ☑ Debtor 1 only<br>☑ Debtor 2 only       |                |                  | Type of NONPRIORITY unsecured claim:                                                                                            |                      |
| Debtor 2 only Debtor 1 and Debtor 2 only |                |                  |                                                                                                                                 |                      |
| At least one of the debtors and ano      | ther           |                  | ☐ Student loans                                                                                                                 |                      |
| _                                        |                |                  | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul> |                      |
| Check if this claim is for a com         | munity debt    |                  | Debts to pension or profit-sharing plans, and other similar debts                                                               |                      |
| s the claim subject to offset?           |                |                  | Other. Specify Collection agency                                                                                                |                      |
| <b>√</b> No                              |                |                  |                                                                                                                                 |                      |
|                                          |                |                  |                                                                                                                                 |                      |

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Debtor 1

Warrendell Jackson

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim 44 Last 4 digits of account number 3 1 5 7 Automatic Parking Inc 8.00 Nonpriority Creditor's Name When was the debt incurred? 1040 East Wardlow Road Number Street As of the date you file, the claim is: Check all that apply. Long Beach CA 90807 State ZIP Code ☐ Contingent Unliquidated Who incurred the debt? Check one. Disputed ☑ Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? ✓ Other Specify miscellaneous debt **☑** No Yes 44 s 1,200.00 Last 4 digits of account number **DirecTV** Nonpriority Creditor's Name When was the debt incurred? 2230 E Imperial Hwy FI 10 Number Street As of the date you file, the claim is: Check all that apply. CA El Segundo 90245 State ZIP Code ☐ Contingent ☐ Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other, Specify Utility **☑** No ☐ Yes 44 s 1,000.00 Last 4 digits of account number C A 1 5Tempoe, LLC Nonpriority Creditor's Name When was the debt incurred? 1750 Elm Street Suite 1200 Street Number As of the date you file, the claim is: Check all that apply. Manchester NH 03104 ZIP Code Contingent ☐ Unliquidated Who incurred the debt? Check one. ☐ Disputed ☑ Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? ☑ Other. Specify collection agency ☑ No ☐ Yes

Debtor 1

Warrendell Jackson

First Name Middle Name Last Name

Case number (if known)\_

| listing any entries on this page, number them beginning wit           | th 4.4, followed by 4.5, and so forth.                                                                   | Total claim       |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------|
| Sunstate Equipment                                                    | Last 4 digits of account number                                                                          | \$ <u>3,120.0</u> |
| Nonpriority Creditor's Name                                           | When was the debt incurred? 01/22/2019                                                                   |                   |
| 25201 Trumble Road                                                    |                                                                                                          |                   |
| Perris CA 92571                                                       | As of the date you file, the claim is: Check all that apply.                                             |                   |
| City State ZIP Code                                                   | Contingent                                                                                               |                   |
| •                                                                     | ☐ Unliquidated                                                                                           |                   |
| Who incurred the debt? Check one.                                     | Disputed                                                                                                 |                   |
| Debtor 1 only                                                         |                                                                                                          |                   |
| Debtor 2 only                                                         | Type of NONPRIORITY unsecured claim:                                                                     |                   |
| Debtor 1 and Debtor 2 only                                            | ☐ Student loans                                                                                          |                   |
| At least one of the debtors and another                               | Obligations arising out of a separation agreement or divorce that                                        |                   |
| ☐ Check if this claim is for a community debt                         | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |                   |
| s the claim subject to offset?<br>☑ No                                | Other. Specify miscellaneous debt                                                                        |                   |
| Yes                                                                   |                                                                                                          |                   |
|                                                                       | Last 4 digits of account number                                                                          | \$                |
| lonpriority Creditor's Name                                           | When was the debt incurred?                                                                              |                   |
| Number Street                                                         | As of the date you file, the claim is: Check all that apply.                                             |                   |
| State ZIP Code                                                        | Contingent                                                                                               |                   |
|                                                                       | ☐ Unliquidated                                                                                           |                   |
| Who incurred the debt? Check one.                                     | ☐ Disputed                                                                                               |                   |
| Debtor 1 only                                                         | Torre of MONDRIODITY are a sound also                                                                    |                   |
| Debtor 2 only Debtor 1 and Debtor 2 only                              | Type of NONPRIORITY unsecured claim:                                                                     |                   |
| ☐ At least one of the debtors and another                             | Student loans                                                                                            |                   |
|                                                                       | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |                   |
| ☐ Check if this claim is for a community debt                         | Debts to pension or profit-sharing plans, and other similar debts                                        |                   |
| s the claim subject to offset?                                        | Other. Specify                                                                                           |                   |
| □ No                                                                  | ·                                                                                                        |                   |
| Yes                                                                   |                                                                                                          |                   |
|                                                                       | Last 4 digits of account number                                                                          | \$                |
| Ionpriority Creditor's Name                                           | When was the debt incurred?                                                                              |                   |
| lumber Street                                                         | As of the date you file, the claim is: Check all that apply.                                             |                   |
| ity State ZIP Code                                                    | Contingent                                                                                               |                   |
| Who for several the debto of                                          | Unliquidated                                                                                             |                   |
| Who incurred the debt? Check one.                                     | ☐ Disputed                                                                                               |                   |
| Debtor 1 only                                                         | Time of NONEDIC BITY was a seed of the                                                                   |                   |
| Debtor 2 only Debtor 1 and Debtor 2 only                              | Type of NONPRIORITY unsecured claim:                                                                     |                   |
| ■ Debtor 1 and Debtor 2 only  At least one of the debtors and another | ☐ Student loans                                                                                          |                   |
| _                                                                     | Obligations arising out of a separation agreement or divorce that                                        |                   |
| Check if this claim is for a community debt                           | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |                   |
| s the claim subject to offset?                                        | Other. Specify                                                                                           |                   |
| ⊋ No                                                                  | _ Guior. Opoony                                                                                          |                   |
| Yes                                                                   |                                                                                                          |                   |

Case 2:19-bk-13876-BR Doc 1 Filed 04/05/19 Entered 04/05/19 13:34:46 Des Main Document Page 47 of 83

| Fill               | in this in                                       | formation to                                                                                                                          | identify you                                                                | nr case.                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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State

ZIP Code

City

Case 2:19-bk-13876-BR Doc 1 Filed 04/05/19 Entered 04/05/19 13:34:46 Desc Main Document Page 48 of 83

| Fill in this in           | formation to ide    | entify your case:         |              |  |
|---------------------------|---------------------|---------------------------|--------------|--|
| Debtor 1                  | Warrendell Ja       | ackson                    |              |  |
|                           | First Name          | Middle Name               | Last Name    |  |
| Debtor 2                  |                     |                           |              |  |
| (Spouse, if filing)       | First Name          | Middle Name               | Last Name    |  |
| United States             | Bankruptcy Court fo | r the: Central District o | f California |  |
| Case number<br>(If known) |                     |                           |              |  |

☐ Check if this is an amended filing

#### Official Form 106H

### **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| o you have any codebtors? (If you a                                                                                                                                                                                                                                  | are filing a joint case, do r          | not list either spouse                    | as a codebte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | or.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| /ithin the last 8 years, have you live<br>rizona, California, Idaho, Louisiana, N                                                                                                                                                                                    |                                        | -                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nity property states and territories include d Wisconsin.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Yes. Did your spouse, former spou                                                                                                                                                                                                                                    | se, or legal equivalent live           | e with you at the time                    | e?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| hown in line 2 again as a codebtor<br>chedule D (Official Form 106D), Sc<br>chedule E/F, or Schedule G to fill o                                                                                                                                                     | hedule E/F (Official Form              | guarantor or cosig                        | ner. Make su                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| chedule D (Official Form 106D), Sc<br>chedule E/F, or Schedule G to fill o<br>Column 1: Your codebtor                                                                                                                                                                | hedule E/F (Official Form              | guarantor or cosig                        | ner. Make su<br>dule G (Offic<br>Co<br>Ch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ire you have listed the creditor on ial Form 106G). Use Schedule D,  lumn 2: The creditor to whom you owe the creditor to apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| chedule D (Official Form 106D), Sc<br>chedule E/F, or Schedule G to fill of<br>Column 1: Your codebtor  Mary Jackson Name 11631 Chanera Avenue Number Street                                                                                                         | hedule E/F (Official Formut Column 2.  | guarantor or cosign<br>m 106E/F), or Sche | Col                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ire you have listed the creditor on sial Form 106G). Use Schedule D, fumn 2: The creditor to whom you owe the creck all schedules that apply:  Schedule D, line 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| chedule D (Official Form 106D), Sc<br>chedule E/F, or Schedule G to fill of<br>Column 1: Your codebtor  Mary Jackson Name 11631 Chanera Avenue Number Street Hawthrone                                                                                               | hedule E/F (Official Formut Column 2.  | guarantor or cosign 106E/F), or Schel     | Col                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ire you have listed the creditor on cial Form 106G). Use Schedule D, furm 2: The creditor to whom you owe the credit schedules that apply:  Schedule D, line 2  Schedule E/F, line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| chedule D (Official Form 106D), Sc<br>chedule E/F, or Schedule G to fill of<br>Column 1: Your codebtor  Mary Jackson Name 11631 Chanera Avenue Number Street Hawthrone City                                                                                          | hedule E/F (Official Formut Column 2.  | guarantor or cosign<br>m 106E/F), or Sche | Col                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ire you have listed the creditor on cial Form 106G). Use Schedule D, furm 2: The creditor to whom you owe the credit schedules that apply:  Schedule D, line 2  Schedule E/F, line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| chedule D (Official Form 106D), Sc<br>chedule E/F, or Schedule G to fill of<br>Column 1: Your codebtor  Mary Jackson Name 11631 Chanera Avenue Number Street Hawthrone City  Deronmarr Jackson                                                                       | hedule E/F (Official Formut Column 2.  | guarantor or cosign 106E/F), or Schel     | ner. Make sudule G (Office Con                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ire you have listed the creditor on cial Form 106G). Use Schedule D, furn 2: The creditor to whom you owe the cleck all schedules that apply:  Schedule D, line 2  Schedule E/F, line Schedule G, line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| chedule D (Official Form 106D), Sc chedule E/F, or Schedule G to fill of Column 1: Your codebtor  Mary Jackson Name 11631 Chanera Avenue Number Street Hawthrone City  Deronmarr Jackson Name                                                                        | hedule E/F (Official Formut Column 2.  | guarantor or cosign 106E/F), or Schel     | Concern Make suddule G (Office Concern | ire you have listed the creditor on tal Form 106G). Use Schedule D, furm 2: The creditor to whom you owe the creck all schedules that apply:  Schedule D, line 2 Schedule E/F, line Schedule G, line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| chedule D (Official Form 106D), Sc chedule E/F, or Schedule G to fill of Column 1: Your codebtor  Mary Jackson Name 11631 Chanera Avenue Number Street Hawthrone City  Deronmarr Jackson Name 11631 Chanera Avenue                                                   | hedule E/F (Official Formut Column 2.  | guarantor or cosign 106E/F), or Schel     | ner. Make sudule G (Office Control Con | Ire you have listed the creditor on cial Form 106G). Use Schedule D,  Iumn 2: The creditor to whom you owe the creck all schedules that apply:  Schedule D, line 2 Schedule E/F, line  Schedule D, line 2 Schedule D, line 2 Schedule E/F, line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Chedule D (Official Form 106D), Schedule E/F, or Schedule G to fill of Column 1: Your codebtor  Mary Jackson Name 11631 Chanera Avenue Number Street Hawthrone City  Deronmarr Jackson Name 11631 Chanera Avenue Number Street Street Number Street                  | cA State                               | guarantor or cosign 106E/F), or Sched     | ner. Make sudule G (Office Control Con | ire you have listed the creditor on tal Form 106G). Use Schedule D, furm 2: The creditor to whom you owe the creck all schedules that apply:  Schedule D, line 2 Schedule E/F, line Schedule G, line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| chedule D (Official Form 106D), Sc chedule E/F, or Schedule G to fill of Column 1: Your codebtor  Mary Jackson Name 11631 Chanera Avenue Number Street Hawthrone City  Deronmarr Jackson Name 11631 Chanera Avenue                                                   | hedule E/F (Official Formut Column 2.  | guarantor or cosign 106E/F), or Schel     | ner. Make sudule G (Office Control Con | Ire you have listed the creditor on cial Form 106G). Use Schedule D,  Iumn 2: The creditor to whom you owe the creck all schedules that apply:  Schedule D, line 2 Schedule E/F, line  Schedule D, line 2 Schedule D, line 2 Schedule E/F, line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| chedule D (Official Form 106D), Sc chedule E/F, or Schedule G to fill of Column 1: Your codebtor  Mary Jackson Name 11631 Chanera Avenue Number Street Hawthrone City  Deronmarr Jackson Name 11631 Chanera Avenue Number Street Hawthrone                           | CA State                               | guarantor or cosign 106E/F), or Schen     | ner. Make sudule G (Office Control Con | Ire you have listed the creditor on cial Form 106G). Use Schedule D,  Iumn 2: The creditor to whom you owe the creck all schedules that apply:  Schedule D, line 2 Schedule E/F, line  Schedule D, line 2 Schedule D, line 2 Schedule E/F, line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| chedule D (Official Form 106D), Schedule E/F, or Schedule G to fill of Column 1: Your codebtor  Mary Jackson  Name 11631 Chanera Avenue  Number Street Hawthrone City  Deronmarr Jackson  Name 11631 Chanera Avenue  Number Street Hawthrone City  Deronmarr Jackson | CA State                               | guarantor or cosign 106E/F), or Schen     | ner. Make sudule G (Office Control Con | Ire you have listed the creditor on cial Form 106G). Use Schedule D,  Iumn 2: The creditor to whom you owe the creck all schedules that apply:  Schedule D, line 2 Schedule E/F, line  Schedule D, line 2 Schedule D, line 2 Schedule E/F, line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| chedule D (Official Form 106D), Sc chedule E/F, or Schedule G to fill of Column 1: Your codebtor  Mary Jackson Name 11631 Chanera Avenue Number Street Hawthrone City  Deronmarr Jackson Name 11631 Chanera Avenue Number Street Hawthrone                           | CA State                               | guarantor or cosign 106E/F), or Schen     | Concentration of the second se | ire you have listed the creditor on stal Form 106G). Use Schedule D,  fumn 2: The creditor to whom you owe the creditor and the creditor to whom you owe the creditor and the creditor to whom you owe the creditor and the creditor to whom you owe the creditor and the creditor to whom you owe the creditor and the creditor to whom you owe the creditor and the credi |
| chedule D (Official Form 106D), Schedule E/F, or Schedule G to fill of Column 1: Your codebtor  Mary Jackson  Name 11631 Chanera Avenue  Number Street Hawthrone City  Deronmarr Jackson  Name 11631 Chanera Avenue  Number Street Hawthrone City  Deronmarr Jackson | CA State                               | guarantor or cosign 106E/F), or Schen     | Concern Make suddule G (Office Concern | ire you have listed the creditor on cial Form 106G). Use Schedule D,  lumn 2: The creditor to whom you owe the creck all schedules that apply:  Schedule D, line 2 Schedule E/F, line  Schedule D, line 2 Schedule D, line 2 Schedule E/F, line  Schedule G, line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

| Fill in this information to identify                                                                        | your case:                                                                            |                                          |                         |                               |                                        |                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------|-------------------------|-------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Debtor 1 Warrendell Jack                                                                                    | son                                                                                   |                                          |                         |                               |                                        |                                                                                                                                               |
| Debtor 1 VValience Jack                                                                                     | Middle Name                                                                           | Last Name                                |                         | -                             |                                        |                                                                                                                                               |
| Debtor 2<br>(Spouse, if filing) First Name                                                                  | Middle Name                                                                           | Last Name                                |                         | -                             |                                        |                                                                                                                                               |
| United States Bankruptcy Court for the:                                                                     | Central District of Ca                                                                | lifornia                                 |                         |                               |                                        |                                                                                                                                               |
| Case number                                                                                                 |                                                                                       |                                          |                         | Ch                            | eck if this                            | s is:                                                                                                                                         |
| (If known)                                                                                                  |                                                                                       |                                          |                         |                               | An amer                                | nded filing                                                                                                                                   |
|                                                                                                             |                                                                                       |                                          |                         |                               |                                        | ement showing postpetition chapter 13 as of the following date:                                                                               |
| Official Form 106I                                                                                          |                                                                                       |                                          |                         |                               | MM / DD                                | / YYYY                                                                                                                                        |
| Schedule I: You                                                                                             | ır Income                                                                             |                                          |                         |                               |                                        | 12/15                                                                                                                                         |
| supplying correct information. If yo                                                                        | ou are married and not fil<br>ise is not filing with you,<br>top of any additional pa | ling jointly, and you do not include inf | ur sp<br>orma           | ouse is livin<br>tion about y | g with you<br>our spous                | both are equally responsible for u, include information about your spouse. se. If more space is needed, attach a own). Answer every question. |
| Fill in your employment information.                                                                        |                                                                                       | Debtor 1                                 |                         |                               |                                        | Debtor 2 or non-filling spouse                                                                                                                |
| Information.  If you have more than one job,                                                                |                                                                                       | Debtor                                   | Maria di Maria di Arman |                               | ************************************** | Desitor 2 of Hori-Hilling Spouse                                                                                                              |
| attach a separate page with information about additional employers.                                         | Employment status                                                                     | ☑ Employed ☐ Not employ                  | ed                      |                               |                                        | ☐ Employed ☐ Not employed                                                                                                                     |
| Include part-time, seasonal, or                                                                             |                                                                                       |                                          |                         |                               |                                        |                                                                                                                                               |
| self-employed work.  Occupation may include student or homemaker, if it applies.                            | Occupation                                                                            | Property Mar                             | nagei                   | <u>r</u>                      |                                        |                                                                                                                                               |
| ,                                                                                                           | Employer's name                                                                       | Self-employe                             | d                       |                               |                                        |                                                                                                                                               |
|                                                                                                             | Employer's address                                                                    | 4163 W. 160<br>Number Street             | th St                   | reet                          |                                        | Number Street                                                                                                                                 |
|                                                                                                             |                                                                                       |                                          |                         |                               | <del></del>                            |                                                                                                                                               |
|                                                                                                             |                                                                                       | Lawndale<br>City                         | Stat                    | CA 902                        | 60                                     | City State ZIP Code                                                                                                                           |
|                                                                                                             | How long employed the                                                                 | ,                                        | -                       |                               |                                        |                                                                                                                                               |
| Part 2: Give Details About                                                                                  | : Monthly Income                                                                      |                                          |                         |                               |                                        |                                                                                                                                               |
| Estimate monthly income as of                                                                               | the date you file this for                                                            | m. If you have noth                      | ing to                  | report for any                | / line, write                          | e \$0 in the space. Include your non-filing                                                                                                   |
| spouse unless you are separated<br>If you or your non-filing spouse hat<br>below. If you need more space, a | eve more than one employ                                                              |                                          | rmatio                  | on for all emp                | loyers for                             | that person on the lines                                                                                                                      |
| , , , , , , , , , , , , , , , , , , , ,                                                                     | 2 172                                                                                 |                                          |                         | For Deb                       | tor 1                                  | For Debtor 2 or non-filing spouse                                                                                                             |
| List monthly gross wages, saldeductions). If not paid monthly,                                              |                                                                                       |                                          | 2.                      | \$                            | 0.00                                   | \$                                                                                                                                            |
| 3. Estimate and list monthly over                                                                           | time pay.                                                                             |                                          | 3.                      | +\$                           | 0.00                                   | + \$                                                                                                                                          |
| 4. Calculate gross income. Add li                                                                           | ne 2 + line 3.                                                                        |                                          | 4.                      | \$                            | 0.00                                   | \$                                                                                                                                            |

Case 2:19-bk-13876-BR Doc 1 Filed 04/05/19 Entered 04/05/19 13:34:46 Desc Main Document

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Debtor 1

Warrendell Jackson

| · a o a o. |             |           |
|------------|-------------|-----------|
| st Name    | Middle Name | Last Name |

Case number (if known)\_

|                                                                                                                                                                                                                                                                                                        |             | For      |                  | For Debtor 2 or<br>non-filing spouse |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------|------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Copy line 4 here                                                                                                                                                                                                                                                                                       | <b>→</b> 4. | \$       | 0.00             | \$                                   | THE STATE OF THE S |
| 5. List all payroll deductions:                                                                                                                                                                                                                                                                        |             |          |                  |                                      | 111111111111111111111111111111111111111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5a. Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                                                      | 5a.         | \$       | 0.00             | \$                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5b. Mandatory contributions for retirement plans                                                                                                                                                                                                                                                       | 5b.         | \$       | 0.00             | \$                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5c. Voluntary contributions for retirement plans                                                                                                                                                                                                                                                       | 5c.         | \$       | 0.00             | \$                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5d. Required repayments of retirement fund loans                                                                                                                                                                                                                                                       | 5d.         | \$       | 0.00             | \$                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5e. Insurance                                                                                                                                                                                                                                                                                          | 5e.         | \$       | 0.00             | \$                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5f. Domestic support obligations                                                                                                                                                                                                                                                                       | 5f.         | \$       | 0.00             | \$                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                        |             | s        | 0.00             | \$                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5g. Union dues                                                                                                                                                                                                                                                                                         | 5g.         | · *      | 0.00             | *                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5h. Other deductions. Specify:                                                                                                                                                                                                                                                                         | 5h.         | + \$     |                  | F \$                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6. <b>Add the payroll deductions</b> . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h                                                                                                                                                                                                                  | . 6.        | \$       | 0.00             | \$                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                                                 | 7.          | \$       | 0.00             | \$                                   | 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 8. List all other income regularly received:                                                                                                                                                                                                                                                           |             |          |                  |                                      | P. C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 8a. Net income from rental property and from operating a business, profession, or farm                                                                                                                                                                                                                 |             |          |                  |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                                                                                                                                                                      | 0 -         | \$       | <u>813</u> .00   | \$                                   | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| monthly net income.                                                                                                                                                                                                                                                                                    | 8a.         | •        | 0.00             | \$                                   | distriction of the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <ul><li>8b. Interest and dividends</li><li>8c. Family support payments that you, a non-filing spouse, or a dependent</li></ul>                                                                                                                                                                         | 8b.         | \$       |                  | \$                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| regularly receive                                                                                                                                                                                                                                                                                      | BIIL        |          |                  |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.                                                                                                                                                                                             | 8c.         | \$       | 0.00             | \$                                   | 77                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 8d. Unemployment compensation                                                                                                                                                                                                                                                                          | 8d.         | \$       | 0.00             | \$                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 8e. Social Security                                                                                                                                                                                                                                                                                    | 8e.         | \$       | 0.00             | \$                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assista that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: general relief and food stamps | nce<br>8f.  | \$       | <u>41</u> 9.00   | \$                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                        |             | •        | 0.00             | •                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 8g. Pension or retirement income                                                                                                                                                                                                                                                                       | 8g.         | \$       |                  | Ψ                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 8h. Other monthly income. Specify:                                                                                                                                                                                                                                                                     | 8h.         | +\$      | 0.00             | +\$                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 9. <b>Add all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.                                                                                                                                                                                                                       | 9.          | \$       | 419.00           | \$                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                          | 10.         | \$       | 1,232.00 +       | \$                                   | <b>=</b> \$1,232.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 11. State all other regular contributions to the expenses that you list in Sche<br>Include contributions from an unmarried partner, members of your household,<br>friends or relatives.                                                                                                                |             |          | nts, your roomma | ites, and other                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Do not include any amounts already included in lines 2-10 or amounts that are                                                                                                                                                                                                                          | not av      | /ailable | to pay expenses  | listed in <i>Schedule J</i> .        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Specify:                                                                                                                                                                                                                                                                                               |             |          |                  | 11                                   | <b>-</b> \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain                                                                                                                                             |             |          | -                |                                      | \$1,232.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 13. Do you expect an increase or decrease within the year after you file this                                                                                                                                                                                                                          | form?       |          |                  |                                      | Combined<br>monthly income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ■ No.                                                                                                                                                                                                                                                                                                  |             |          |                  | _                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Yes. Explain:                                                                                                                                                                                                                                                                                          |             |          |                  |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| Fill in this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nformation to identify                         | your case:                                                                       |                                                     |                                         |                    |                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------|--------------------|-------------------------------|
| Debtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Warrendell Jacks                               | SON Middle Name Last Name                                                        | Check if th                                         | is is:                                  |                    |                               |
| Debtor 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | riist Name                                     | Mildde Name Last Name                                                            | — ☐ An ame                                          |                                         | lina               |                               |
| (Spouse, if filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | First Name                                     | Middle Name Last Name                                                            | į į                                                 |                                         | •                  | petition chapter 13           |
| United States                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Bankruptcy Court for the: (                    | Central District of California                                                   |                                                     |                                         | f the following    |                               |
| Case number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | r                                              |                                                                                  | MM / DI                                             | O / YYYY                                |                    |                               |
| (II KIIOWII)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                                                                  |                                                     |                                         |                    |                               |
| Official                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Form 106J                                      |                                                                                  |                                                     |                                         |                    |                               |
| Sche                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | dule J: Yo                                     | ur Expenses                                                                      |                                                     |                                         |                    | 12/15                         |
| information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                | ossible. If two married people are fill<br>ed, attach another sheet to this form |                                                     |                                         |                    |                               |
| Part 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Describe Your Hou                              | sehold                                                                           |                                                     |                                         |                    |                               |
| 1. Is this a jo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | int case?                                      |                                                                                  | · · · · · · · · · · · · · · · · · · ·               |                                         |                    |                               |
| ☑ No. G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                | separate household?                                                              |                                                     |                                         |                    |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | l No                                           | •                                                                                |                                                     |                                         |                    |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | e Official Form 106J-2, Expenses for S                                           | Separate Household of Debtor 2.                     |                                         |                    |                               |
| 2. Do you ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ve dependents?                                 | ☑ No                                                                             |                                                     |                                         |                    |                               |
| Do not list<br>Debtor 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Debtor 1 and                                   | Yes. Fill out this information for each dependent                                | Dependent's relationship to<br>Debtor 1 or Debtor 2 |                                         | Dependent's<br>age | Does dependent live with you? |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e the dependents'                              | ·                                                                                |                                                     |                                         |                    | □ No □ Yes                    |
| names.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                                                                                  |                                                     |                                         |                    | ☐ No                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                                  |                                                     |                                         |                    | Yes                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                                  |                                                     |                                         |                    | □ No                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                                  |                                                     |                                         |                    | ☐ Yes                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                                  |                                                     |                                         |                    | □ No                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                                  |                                                     |                                         |                    | ☐ Yes                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                                  |                                                     |                                         |                    | □ No                          |
| Make 174 a 1 constant data the 1 constant and a con |                                                |                                                                                  |                                                     | *************************************** |                    | ☐ Yes                         |
| expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | of people other than not your dependents?      | ☑ No<br>□ Yes                                                                    |                                                     |                                         |                    |                               |
| Part 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | stimate Your Ongoi                             | ng Monthly Expenses                                                              |                                                     |                                         |                    |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | bankruptcy filing date unless you a                                              | ere using this form as a sunnle                     | ment in                                 | a Chanter 13 c     | ase to report                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | of a date after the ban                        | kruptcy is filed. If this is a supplement                                        | -                                                   |                                         |                    |                               |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -                                              | -cash government assistance if you                                               |                                                     |                                         |                    |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | I it on Schedule I: Your Income (Offi                                            |                                                     |                                         | Your expe          | nses                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I or home ownership e<br>or the ground or lot. | expenses for your residence. Include                                             | first mortgage payments and                         | 4.                                      | \$                 | 1,170.00                      |
| If not inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | luded in line 4:                               |                                                                                  |                                                     |                                         |                    | 0.00                          |
| 4a. Rea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | estate taxes                                   |                                                                                  |                                                     | 4a.                                     | \$                 | 0.00                          |
| 4b. Prop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | erty, homeowner's, or re                       | enter's insurance                                                                |                                                     | 4b.                                     | \$                 | 0.00                          |
| 4c. Hom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e maintenance, repair, a                       | and upkeep expenses                                                              |                                                     | 4c.                                     | \$                 | 60.00                         |
| 4d. Hom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | eowner's association or                        | condominium dues                                                                 |                                                     | 44                                      | \$                 | 0.00                          |

#### 

Debtor 1 Warrendell Jackson
First Name Middle Name Last Name Case number (if known)

|      |                                                                                                                                                               |              | Your ex | penses |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------|--------|
| 5.   | Additional mortgage payments for your residence, such as home equity loans                                                                                    | 5.           | \$      | 0.00   |
| 6.   | Utilities:                                                                                                                                                    |              |         |        |
|      | 6a. Electricity, heat, natural gas                                                                                                                            | 6 <b>a</b> , | \$      | 121.00 |
|      | 6b. Water, sewer, garbage collection                                                                                                                          | 6b.          | \$      | 0.00   |
|      | 6c. Telephone, cell phone, Internet, satellite, and cable services                                                                                            | 6c.          | \$      | 100.00 |
|      | 6d. Other. Specify:                                                                                                                                           | 6d.          | \$      | 0.00   |
| 7.   |                                                                                                                                                               | 7.           | \$      | 194.00 |
| 8.   | Childcare and children's education costs                                                                                                                      | 8.           | \$      | 0.00   |
| 9.   | Clothing, laundry, and dry cleaning                                                                                                                           | 9.           | \$      | 0.00   |
| 10.  | Personal care products and services                                                                                                                           | 10.          | \$      | 0.00   |
| ¹11. | Medical and dental expenses                                                                                                                                   | 11,          | \$      | 0.00   |
| 12.  | <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.                                                             | 12.          | \$      | 100.00 |
| 13.  | Entertainment, clubs, recreation, newspapers, magazines, and books                                                                                            | 13.          | \$      | 0.00   |
| 14.  | Charitable contributions and religious donations                                                                                                              | 14.          | \$      | 0.00   |
| 15.  | Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.                                                                     |              |         |        |
|      | 15a. Life insurance                                                                                                                                           | 15a.         | \$      | 0.00   |
|      | 15b. Health insurance                                                                                                                                         | 15b.         | \$      | 0.00   |
|      | 15c. Vehicle insurance                                                                                                                                        | 15c.         | \$      | 54.00  |
|      | 15d. Other insurance. Specify:                                                                                                                                | 15d.         | \$      | 0.00   |
| 16.  | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:                                                                    | 16.          | \$      | 0.00   |
| 17.  | Installment or lease payments:                                                                                                                                |              |         |        |
|      | 17a. Car payments for Vehicle 1                                                                                                                               | 17a.         | \$      | 0.00   |
|      | 17b. Car payments for Vehicle 2                                                                                                                               | 17b.         | \$      | 0.00   |
|      | 17c. Other. Specify:                                                                                                                                          | 17c.         | \$      | 0.00   |
|      | 17d. Other. Specify:                                                                                                                                          | 17d.         | \$      | 0.00   |
| 18.  | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18.          | \$      | 0.00   |
| 19.  | Other payments you make to support others who do not live with you.                                                                                           |              |         |        |
|      | Specify:                                                                                                                                                      | 19.          | \$      | 0.00   |
| 20.  | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom                                                           | e.           |         |        |
|      | 20a. Mortgages on other property                                                                                                                              | 20a.         | \$      | 0.00   |
|      | 20b. Real estate taxes                                                                                                                                        | 20b.         | \$      |        |
|      | 20c. Property, homeowner's, or renter's insurance                                                                                                             | 20c.         | \$      |        |
|      | 20d. Maintenance, repair, and upkeep expenses                                                                                                                 | 20d.         | \$      |        |
|      | 20e. Homeowner's association or condominium dues                                                                                                              | 20e.         | \$      | 0.00   |

| De  | btor 1 | Warrendell Jackson First Name Middle Name Last Name  Case number (if known)                                                                                                                 | wn)  |                                         |                                          |
|-----|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------|------------------------------------------|
| 21. | Othe   | r. Specify:                                                                                                                                                                                 | 21.  | +\$                                     | 0.00                                     |
| 22. | Calc   | ulate your monthly expenses.                                                                                                                                                                |      | *************************************** | 20-20-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- |
|     | 22a.   | Add lines 4 through 21.                                                                                                                                                                     | 22a. | \$                                      | 1,799.00                                 |
|     | 22b.   | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                                                                                                             | 22b. | \$                                      | 0.00                                     |
|     | 22c.   | Add line 22a and 22b. The result is your monthly expenses.                                                                                                                                  | 22c. | \$                                      | 1,799.00                                 |
| 23. | Calcu  | late your monthly net income.                                                                                                                                                               |      |                                         | 4 000 00                                 |
|     | 23a.   | Copy line 12 (your combined monthly income) from Schedule I.                                                                                                                                | 23a. | \$                                      | 1,232.00                                 |
|     | 23b.   | Copy your monthly expenses from line 22c above.                                                                                                                                             | 23b. | -\$                                     | 1,799.00                                 |
|     | 23c.   | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .                                                                                     | 23c. | \$                                      | -567.00                                  |
| 24. | Do y   | u expect an increase or decrease in your expenses within the year after you file this form?                                                                                                 |      |                                         |                                          |
|     |        | sample, do you expect to finish paying for your car loan within the year or do you expect your age payment to increase or decrease because of a modification to the terms of your mortgage? |      |                                         |                                          |
|     | ZÍ N   |                                                                                                                                                                                             |      |                                         | ***************************************  |
|     | ☐ Ye   | S. Explain here:                                                                                                                                                                            |      |                                         |                                          |
|     |        |                                                                                                                                                                                             |      |                                         |                                          |
|     |        |                                                                                                                                                                                             |      |                                         |                                          |

#### Case 2:19-bk-13876-BR Doc 1 Filed 04/05/19 Entered 04/05/19 13:34:46 Des Main Document Page 54 of 83

| Fill in this in           | formation to ide    | ntify your case:           |               |
|---------------------------|---------------------|----------------------------|---------------|
| Debtor 1                  | Warrendell Ja       |                            |               |
|                           | First Name          | Middle Name                | Last Name     |
| Debtor 2                  |                     |                            |               |
| (Spouse, if filing)       | First Name          | Middle Name                | Last Name     |
| United States E           | Bankruptcy Court fo | r the: Central District of | of California |
|                           | <b>,</b>            |                            |               |
| Case number<br>(If known) | -                   |                            |               |
| ,                         |                     |                            |               |
|                           | _                   |                            | <del></del>   |

#### Official Form 106Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below                                                                                                             |                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Did you pay or agree to pay someone who is NOT an att  ☐ No ☐ Yes. Name of person Vanessa Watson                       | torney to help you fill out bankruptcy forms?  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| Under penalty of perjury, I declare that I have read the sthat they are true and correct.  Signature of Debtor 1  Date |                                                                                                                                              |

#### Case 2:19-bk-13876-BR Doc 1 Filed 04/05/19 Entered 04/05/19 13:34:46 Des Main Document Page 55 of 83

| Fill in this ir           | nformation to ide   | entify your case:           |               |
|---------------------------|---------------------|-----------------------------|---------------|
| Debtor 1                  | Warrendell Ja       | ackson                      |               |
|                           | First Name          | Middle Name                 | Last Name     |
| Debtor 2                  |                     |                             |               |
| (Spouse, if filing)       | First Name          | Middle Name                 | Last Name     |
| United States             | Bankruptcy Court fo | or the: Central District of | of California |
| Case number<br>(If known) |                     |                             |               |

#### Official Form 107

#### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married ☑ Not married 2. During the last 3 years, have you lived anywhere other than where you live now? ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1: Dates Debtor 1 **Dates Debtor 2** lived there lived there Same as Debtor 1 ☐ Same as Debtor 1 From From Number Street Tο Tο State ZIP Code City State ZIP Code City Same as Debtor 1 Same as Debtor 1 From From \_ Number Street Number Street To City State ZIP Code State ZIP Code 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2:

**Explain the Sources of Your Income** 

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|                       | Warrendell Jackson First Name Middle Name Last Name                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Case number (if known)                                                                                                                                                                                                                     |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                       |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                            |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Fill i                | you have any income from employment<br>on the total amount of income you receive<br>on are filing a joint case and you have income                                                                                                                                                                                                                                                | d from all jobs and all busi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nesses, including part-tir                                                                                                                                                                                                                 | me activities.                                                                                                                | ndar years?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
|                       | No<br>Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                            |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
|                       |                                                                                                                                                                                                                                                                                                                                                                                   | Debtor 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | - 300 ft                                                                                                                                                                                                                                   | Debtor 2                                                                                                                      | in the second of |  |  |  |
|                       |                                                                                                                                                                                                                                                                                                                                                                                   | Sources of income<br>Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Gross income<br>(before deductions and<br>exclusions)                                                                                                                                                                                      | Sources of income<br>Check all that apply.                                                                                    | Gross income<br>(before deductions and<br>exclusions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
|                       | From January 1 of current year until<br>the date you filed for bankruptcy:                                                                                                                                                                                                                                                                                                        | <ul><li>✓ Wages, commissions, bonuses, tips</li><li>✓ Operating a business</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$3,696.00                                                                                                                                                                                                                                 | <ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>                                          | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| ***                   | For last calendar year:                                                                                                                                                                                                                                                                                                                                                           | ☐ Wages, commissions,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                            | ☐ Wages, commissions,                                                                                                         | ovovoooooo ee ee ee aanaan ka ee ee ee ee aanaan ka ee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
|                       | (January 1 to December 31, 2018                                                                                                                                                                                                                                                                                                                                                   | bonuses, tips  Operating a business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$10,500.00                                                                                                                                                                                                                                | bonuses, tips  Operating a business                                                                                           | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
|                       | For the calendar year before that:                                                                                                                                                                                                                                                                                                                                                | Wages, commissions, bonuses, tips                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$ 6.000.00                                                                                                                                                                                                                                | Wages, commissions, bonuses, tips                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
|                       | (January 1 to December 31, 2017                                                                                                                                                                                                                                                                                                                                                   | Operating a business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$0,000.00                                                                                                                                                                                                                                 | Operating a business                                                                                                          | <b>р</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| Inclu<br>uner<br>gami | you receive any other income during to<br>de income regardless of whether that incomployment, and other public benefit paym<br>bling and lottery winnings. If you are filing                                                                                                                                                                                                      | come is taxable. Examples<br>nents; pensions; rental inco<br>g a joint case and you have                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | of other income are alimome; interest; dividends; e income that you receive                                                                                                                                                                | money collected from laws<br>ed together, list it only once                                                                   | uits; royalties; and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| Incluuner gami        | de income regardless of whether that inc<br>nployment, and other public benefit payn<br>bling and lottery winnings. If you are filing<br>each source and the gross income from e                                                                                                                                                                                                  | come is taxable. Examples<br>nents; pensions; rental inco<br>g a joint case and you have                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | of other income are alimome; interest; dividends; e income that you receive                                                                                                                                                                | money collected from laws<br>ed together, list it only once                                                                   | uits; royalties; and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| Incluuner gami        | de income regardless of whether that incomployment, and other public benefit payn bling and lottery winnings. If you are filing each source and the gross income from the                                                                                                                                                                                                         | come is taxable. Examples<br>nents; pensions; rental inco<br>g a joint case and you have                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | of other income are alimome; interest; dividends; e income that you receive                                                                                                                                                                | money collected from laws<br>ed together, list it only once                                                                   | uits; royalties; and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| Incluuner gami        | de income regardless of whether that incomployment, and other public benefit payn bling and lottery winnings. If you are filing each source and the gross income from the                                                                                                                                                                                                         | come is taxable. Examples nents; pensions; rental incorp a joint case and you have each source separately. De                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | of other income are alimome; interest; dividends; e income that you receive                                                                                                                                                                | money collected from laws<br>ed together, list it only once<br>t you listed in line 4.                                        | cuits; royalties; and e under Debtor 1.  Gross income from each source                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
| Incluuner gami        | de income regardless of whether that incomployment, and other public benefit paymobiling and lottery winnings. If you are filing each source and the gross income from each source and the gross income from each source. Fill in the details.                                                                                                                                    | come is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. De Debtor 1  Sources of income Describe below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | of other income are alimone; interest; dividends; e income that you receive o not include income that  Gross income from each source (before deductions and exclusions)                                                                    | money collected from laws ed together, list it only once tyou listed in line 4.  Debtor 2  Sources of Income                  | Gross Income from each source (before deductions and exclusions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| Incluuner gami        | de income regardless of whether that incomployment, and other public benefit paymbling and lottery winnings. If you are filing each source and the gross income from each source and the gross income from each source. The details in the details.                                                                                                                               | come is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. De Debtor 1  Sources of income Describe below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | of other income are alimone; interest; dividends; e income that you receive o not include income that  Gross income from each source (before deductions and exclusions)                                                                    | money collected from laws ed together, list it only once t you listed in line 4.  Debtor 2  Sources of Income Describe below. | Gross Income from each source (before deductions and exclusions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| Incluuner gami        | de income regardless of whether that incomployment, and other public benefit paymbling and lottery winnings. If you are filing each source and the gross income from each source and the gross income from each source. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:                                                             | come is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. De Debtor 1  Sources of income Describe below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | of other income are alimone; interest; dividends; e income that you receive o not include income that  Gross income from each source (before deductions and exclusions)                                                                    | money collected from laws ed together, list it only once t you listed in line 4.  Debtor 2  Sources of Income Describe below. | Gross Income from each source (before deductions and exclusions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| Incluuner gami        | de income regardless of whether that incomployment, and other public benefit paymobiling and lottery winnings. If you are filing each source and the gross income from each source and the gross income from each source. Fill in the details.                                                                                                                                    | come is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Depart I  Sources of income Describe below.  general relief & food stamps  general relief & food stamps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | of other income are alimome; interest; dividends; e income that you receive on not include income that  Gross income from each source (before deductions and exclusions)  \$                                                               | money collected from laws ed together, list it only once tyou listed in line 4.  Debtor 2  Sources of Income Describe below.  | Gross income from each source (before deductions and exclusions)  \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| Incluuner gami        | de income regardless of whether that incomployment, and other public benefit paymbling and lottery winnings. If you are filing each source and the gross income from each source and the gross income from each of the first in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:  (January 1 to December 31, 2018)  | come is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Depart I  Sources of income Describe below.  general relief & food stamps  general relief & food stamps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | of other income are alimome; interest; dividends; e income that you receive on not include income that  Gross income from each source (before deductions and exclusions)  \$                                                               | money collected from laws ed together, list it only once tyou listed in line 4.  Debtor 2  Sources of Income Describe below.  | Gross income from each source (before deductions and exclusions)  \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| Incluuner gami        | de income regardless of whether that incomployment, and other public benefit paymobiling and lottery winnings. If you are filing each source and the gross income from each source and the gross income from each of the fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:  (January 1 to December 31, 2018) | come is taxable. Examples nents; pensions; rental income is a joint case and you have each source separately. Department of the pensions of the pensions; pensions of the pensions of the pensions; pensions of the pensions o | of other income are alimone; interest; dividends; e income that you receive on not include income that  Gross income from each source (before deductions and exclusions)  \$                                                               | money collected from laws ed together, list it only once tyou listed in line 4.  Debtor 2  Sources of Income Describe below.  | Gross income from each source (before deductions and exclusions)  \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| uner gami             | de income regardless of whether that incomployment, and other public benefit paymbling and lottery winnings. If you are filing each source and the gross income from each source and the gross income from each of the fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:  (January 1 to December 31, 2018)   | come is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Depart I  Sources of income Describe below.  general relief & food stamps  general relief & food stamps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | of other income are alimome; interest; dividends; e income that you receive to not include income that on the include income that go not include income that go not include income from each source (before deductions and exclusions)  \$ | money collected from laws ed together, list it only once tyou listed in line 4.  Debtor 2  Sources of Income Describe below.  | Gross income from each source (before deductions and exclusions)  \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |

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| or 1     | Warrendell Jackson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                       | Case                                               | number (if known)                      |                       |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------|----------------------------------------|-----------------------|
|          | First Name Middle Name Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                                    |                                        |                       |
| rt 3;    | List Certain Payments You Made Be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | fore You Filed                                        | for Bankruptcy                                     |                                        |                       |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                    |                                        |                       |
| Are eith | her Debtor 1's or Debtor 2's debts primaril                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | y consumer debt                                       | s?                                                 |                                        |                       |
| □ No.    | Neither Debtor 1 nor Debtor 2 has primal "incurred by an individual primarily for a per                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | rily consumer del<br>sonal, family, or he             | <b>bts.</b> Consumer debts a<br>ousehold purpose." | are defined in 11 U.S.C. § 101         | (8) as                |
|          | During the 90 days before you filed for bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | cruptcy, did you pa                                   | y any creditor a total o                           | f \$6,425* or more?                    |                       |
|          | ☐ No. Go to line 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                       |                                                    |                                        |                       |
|          | Yes. List below each creditor to whom y total amount you paid that creditor, child support and alimony. Also, do                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | . Do not include pa                                   | syments for domestic s                             | upport obligations, such as            |                       |
|          | * Subject to adjustment on 4/01/19 and ever                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                       | · · · · · · · · · · · · · · · · · · ·              | • •                                    |                       |
| Zí Yes   | s. Debtor 1 or Debtor 2 or both have primar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ily consumer det                                      | ots.                                               |                                        |                       |
|          | During the 90 days before you filed for bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                       |                                                    | f \$600 or more?                       |                       |
|          | ☑ No. Go to line 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                       |                                                    |                                        |                       |
|          | Yes. List below each creditor to whom y creditor. Do not include payments alimony. Also, do not include payments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | for domestic suppo<br>ents to an attorned<br>Dates of | ort obligations, such as                           | child support and                      | Was this payment for. |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | payment                                               |                                                    |                                        | Touris Mark           |
|          | Creditor's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | \$                                                 | \$                                     | ☐ Mortgage            |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                    |                                        | Car                   |
|          | Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <del></del>                                           |                                                    |                                        | Credit card           |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                    |                                        | Loan repayment        |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                    |                                        | Suppliers or vendor   |
|          | City State ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>-</u>                                              |                                                    |                                        | Other                 |
|          | Let a gramme the the think company of the Commission and the Commission of Commission and Commis |                                                       | \$                                                 | <u> </u>                               |                       |
|          | Creditor's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | Ψ                                                  | Ψ                                      | ☐ Mortgage<br>☐ Car   |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                    |                                        | Credit card           |
|          | Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       |                                                    |                                        | Loan repayment        |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                    |                                        | ☐ Suppliers or vendor |
|          | City State ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <del>_</del>                                          |                                                    |                                        | Other                 |
|          | City State ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                       |                                                    |                                        |                       |
|          | . Мен в в выволительной посто в 00.0000000 мен и в вогодо в сто с 0000000000 времену от что выполняем в 1994 году                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | , ger egenerate (************************************ |                                                    | ************************************** |                       |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | \$                                                 | \$                                     | Mortgage              |
|          | Creditor's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                    |                                        | ☐ Car                 |
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|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                    |                                        |                       |

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Warrendell Jackson

| or 1                   | Warrendell Jackson                    |                                                      |                                          |                                     | Case number (if known)                        | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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|                        | First Name Middle Name                | Last Name                                            |                                          |                                     |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <i>Inside</i><br>corpo | rations of which you are a            | any general partners; r<br>n officer, director, pers | relatives of any g<br>son in control, or | eneral partners; powner of 20% or a | partnerships of which<br>more of their voting | who was an insider? th you are a general partner; securities; and any managing r domestic support obligations,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                        | as child support and alimo            |                                                      | oolo propriator. 1                       | 1 0.0.0.                            | iologo paymonio io                            | . admicatio capport obligations,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ZÍ N                   | 0                                     |                                                      |                                          |                                     |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ☐ Ye                   | es. List all payments to an           | insider.                                             |                                          |                                     |                                               | # - # - # - # - # # # * - # - # # # # #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                        |                                       |                                                      | Dates of payment                         | Total amount paid                   | Amount you still<br>owe                       | Reason for this payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| Ĩ                      | Insider's Name                        |                                                      |                                          | \$                                  | <b>\$</b>                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Ì                      | Number Street                         |                                                      |                                          |                                     |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| -                      | · · · · · · · · · · · · · · · · · · · |                                                      |                                          |                                     |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                        | City                                  | State ZIP Code                                       |                                          | <u></u>                             | **************************************        | Annual Market Control of the Control |
|                        |                                       |                                                      |                                          | \$                                  | \$                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Ĩ                      | nsider's Name                         |                                                      |                                          |                                     |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ñ                      | Number Street                         |                                                      |                                          |                                     |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                        |                                       |                                                      |                                          |                                     |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Č                      | City                                  | State ZIP Code                                       | -                                        |                                     |                                               | The state of the s |
| an ins<br>Includ       | sider?<br>le payments on debts guar   | ranteed or cosigned by                               | y an insider.                            |                                     |                                               | n account of a debt that benefited                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                        |                                       |                                                      | Dates of<br>payment                      | Total amount paid                   | Amount you still<br>owe                       | Reason for this payment Include creditor's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                        |                                       |                                                      |                                          |                                     |                                               | ogo ka kasan mangan mangan mangan mangan ka kanan kanan mangan mangan mangan mangan mangan mangan mangan manga<br>Mangan mangan manga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Ĩi                     | nsider's Name                         |                                                      | -                                        | \$                                  | <b>5</b>                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| r                      | vumber Street                         |                                                      |                                          |                                     |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 7                      | Dity                                  | State ZIP Code                                       |                                          |                                     |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| -9199/                 | -                                     |                                                      | ······································   |                                     |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Ĩī                     | nsider's Name                         |                                                      | ·                                        |                                     |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7                      | Number Street                         |                                                      |                                          |                                     |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| N                      | numbel Stieet                         |                                                      |                                          |                                     |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| btor 1                    | Warrendell Jackson First Name Middle Name L                                                                                                       | ast Name          |                                                                                                                                       | Case number (if know                                                     | vn)                      |                               |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------|-------------------------------|
|                           | •                                                                                                                                                 |                   |                                                                                                                                       |                                                                          |                          |                               |
| List al                   | Identify Legal Actions, Report 1 year before you filed for bankrull such matters, including personal injuntract disputes.                         | ıptcy, were you a | party in any laws                                                                                                                     |                                                                          |                          |                               |
| <b>Z</b> No               |                                                                                                                                                   |                   |                                                                                                                                       |                                                                          |                          |                               |
|                           | es. Fill in the details.                                                                                                                          |                   |                                                                                                                                       |                                                                          |                          |                               |
|                           |                                                                                                                                                   | Nature of the     | case                                                                                                                                  | Court or agency                                                          |                          | Status of the case            |
| c                         | <sub>Case title</sub> Jackson v. Hilton                                                                                                           | small claim       | Il claims Superior Court of C                                                                                                         |                                                                          | f California             | — ✓ Pending                   |
| _                         | 3300 1110                                                                                                                                         |                   |                                                                                                                                       | 275 Magnolia Av                                                          | enue                     | On appeal Concluded           |
| Ċ                         | Case number                                                                                                                                       |                   |                                                                                                                                       | Number Street  Long Beach  City Str                                      | CA 90803<br>ate ZIP Code | _ Conduded                    |
| C                         | Case title                                                                                                                                        |                   |                                                                                                                                       | Court Name                                                               |                          | Pending                       |
| -                         |                                                                                                                                                   |                   |                                                                                                                                       | Number Street                                                            |                          | On appeal Concluded           |
| _                         | Case number                                                                                                                                       |                   |                                                                                                                                       |                                                                          |                          | _                             |
| Within<br>Check           | n 1 year before you filed for bankru<br>call that apply and fill in the details be<br>o. Go to line 11.                                           |                   | your property rep                                                                                                                     |                                                                          | ate ZIP Code             | seized, or levied?            |
| Within<br>Check           | all that apply and fill in the details be                                                                                                         | elow.             | your property rep                                                                                                                     |                                                                          |                          | seized, or levied?            |
| Withir<br>Check           | call that apply and fill in the details be co. Go to line 11. es. Fill in the information below.                                                  | elow.             | desperatory and the second                                                                                                            |                                                                          | garnished, attached,     | a. <del>11 hatta</del> n 11 a |
| Withir<br>Check           | call that apply and fill in the details be<br>o. Go to line 11.                                                                                   | elow.             | desperatory and the second                                                                                                            |                                                                          | garnished, attached,     | Value of the property         |
| Withir<br>Check           | call that apply and fill in the details be co. Go to line 11. es. Fill in the information below.                                                  | Des               | desperatory and the second                                                                                                            |                                                                          | garnished, attached,     | Value of the property         |
| Withir<br>Check           | call that apply and fill in the details be co. Go to line 11. es. Fill in the information below.  Creditor's Name                                 | Des               | cribe the property lain what happened Property was repo                                                                               | ossessed, foreclosed, g                                                  | garnished, attached,     | Value of the property         |
| Within<br>Check           | call that apply and fill in the details be co. Go to line 11. es. Fill in the information below.  Creditor's Name                                 | Des Exp           | cribe the property  lain what happened  Property was repo                                                                             | ossessed, foreclosed, g                                                  | garnished, attached,     | Value of the property         |
| Within<br>Check           | call that apply and fill in the details be co. Go to line 11. es. Fill in the information below.  Creditor's Name  Number Street                  | Exp               | lain what happened Property was repo Property was force Property was garm                                                             | essessed.                                                                | garnished, attached,     | Value of the property         |
| Within<br>Check           | call that apply and fill in the details be co. Go to line 11. es. Fill in the information below.  Creditor's Name  Number Street                  | Exp               | lain what happened Property was repo Property was force Property was garn                                                             | ossessed, foreclosed, g                                                  | garnished, attached,     | Value of the property         |
| Within<br>Check           | call that apply and fill in the details be co. Go to line 11. es. Fill in the information below.  Creditor's Name  Number Street                  | Exp               | lain what happened Property was repo Property was force Property was garm Property was attack                                         | essessed.                                                                | parnished, attached,     | Value of the property         |
| Within<br>Check           | call that apply and fill in the details be co. Go to line 11. es. Fill in the information below.  Creditor's Name  Number Street                  | Exp               | lain what happened Property was repo Property was force Property was garm Property was attack                                         | essessed.                                                                | parnished, attached,     | Value of the property  \$     |
| . <b>Withi</b> r<br>Check | c all that apply and fill in the details be co. Go to line 11. es. Fill in the information below.  Creditor's Name  Number Street  City State ZIF | Exp               | lain what happened Property was repo Property was force Property was garm Property was attack                                         | ossessed, foreclosed, gossessed. closed. ished. ched, seized, or levied. | parnished, attached,     | Value of the property  \$     |
| Within<br>Check           | call that apply and fill in the details be co. Go to line 11. es. Fill in the information below.  Creditor's Name  Number Street  City State ZIF  | Exp               | lain what happened Property was repo Property was garm Property was attact cribe the property  lain what happened Property was are po | ossessed, foreclosed, gossessed. closed. ished. ched, seized, or levied. | Date Date                | Value of the property \$      |
| Within<br>Check           | call that apply and fill in the details be co. Go to line 11. es. Fill in the information below.  Creditor's Name  Number Street  City State ZIF  | Exp               | lain what happened Property was repo Property was force Property was attace Property was attace Cribe the property                    | essessed. closed. ished. ched, seized, or levied. ssessed.               | Date Date                | Value of the property \$      |

Debtor 1

Case 2:19-bk-13876-BR Doc 1 Filed 04/05/19 Entered 04/05/19 13:34:46 Desc Main Document Page 60 of 83

Warrendell Jackson

Debtor 1

| r 1 Warrendell Jackson First Name Middle Name Last                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name                                            | number (if known)                                  |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------|-----------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                                    |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ptcy, did any creditor, including a bank or fir | nancial institution, set off a                     | ny amounts from your        |
| ccounts or refuse to make a payment bed<br>-∡                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | cause you owed a debt?                          |                                                    |                             |
| No Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                 |                                                    |                             |
| Tes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |                                                    | Syrae Security              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Describe the action the creditor took           | Date action was taken                              | Amount                      |
| Creditor's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                                    |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                                    | \$                          |
| Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                 |                                                    | <u> </u>                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                               |                                                    |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                               |                                                    |                             |
| City State ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Last 4 digits of account number: XXXX           |                                                    |                             |
| Material Association of the Asso |                                                 |                                                    | en e                        |
| /ithin 1 year before you filed for bankrupt<br>reditors, a court-appointed receiver, a cu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | cy, was any of your property in the possessi    | ion of an assignee for the b                       | enefit of                   |
| 1 No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | stodiali, or allotties officials                |                                                    |                             |
| Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                                    |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                                    |                             |
| 5: List Certain Gifts and Contribu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | itions                                          |                                                    |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                                    |                             |
| <b>á</b> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | etcy, did you give any gifts with a total value | of more than \$600 per pers                        | on?                         |
| <b>á</b> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Describe the gifts                              | of more than \$600 per pers  Dates you gethe gifts |                             |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                 | Dates you g                                        |                             |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$500 per person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                 | Dates you g                                        |                             |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$500 per person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                 | Dates you g                                        | ave Value                   |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$500 per person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                 | Dates you g                                        | ave Value                   |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 | Dates you g                                        | ave Value                   |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                 | Dates you g                                        | ave Value                   |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 | Dates you g                                        | ave Value                   |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 | Dates you g                                        | SS_                         |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Describe the gifts                              | Dates you gifthe gifts                             | ave Value  \$ \$  \$  Value |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Describe the gifts                              | Dates you gifte gifts  Dates you gifte gifts       | ave Value  \$  \$  Value    |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Describe the gifts                              | Dates you gifte gifts  Dates you gifte gifts       | ave Value  \$ \$  \$  Value |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Describe the gifts                              | Dates you gifte gifts  Dates you gifte gifts       | ave Value  \$ \$  \$  Value |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Describe the gifts                              | Dates you gifte gifts  Dates you gifte gifts       | ave Value  \$  \$  Value    |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Describe the gifts                              | Dates you gifte gifts  Dates you gifte gifts       | ave Value  \$  \$  Value    |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Describe the gifts                              | Dates you gifte gifts  Dates you gifte gifts       | ave Value  \$  \$  Value    |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Describe the gifts                              | Dates you gifte gifts  Dates you gifte gifts       | ave Value  \$  \$  Value    |

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| Debtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Warrendell Jackson First Name Middle Name L                                    | ast Name Case number (if known)_                                                                                                                                             |                                         |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------|
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                | uptcy, did you give any gifts or contributions with a total value                                                                                                            | ue of more than \$6                     | 00 to any charity?        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Gifts or contributions to charities                                            | Describe what you contributed                                                                                                                                                | Date you                                | Value                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | that total more than \$600                                                     |                                                                                                                                                                              | contributed                             |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OL-CUL NO.                                                                     | _                                                                                                                                                                            |                                         | \$                        |
| ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Charity's Name                                                                 |                                                                                                                                                                              | *************************************** | ¢                         |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                |                                                                                                                                                                              |                                         | Ψ                         |
| ī                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Number Street                                                                  |                                                                                                                                                                              | *************************************** |                           |
| ;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | City State ZIP Code                                                            | -                                                                                                                                                                            | on the second second                    |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                | 5                                                                                                                                                                            | unk                                     |                           |
| Part 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | List Certain Losses                                                            |                                                                                                                                                                              |                                         |                           |
| r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Describe the property you lost and how the loss occurred                       | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.                 | Date of your loss                       | Value of property<br>lost |
| 20 de 10 de |                                                                                |                                                                                                                                                                              |                                         | \$                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |                                                                                                                                                                              |                                         |                           |
| Part 7:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | List Certain Payments or Tra                                                   | nsfers                                                                                                                                                                       |                                         |                           |
| you<br>Inclu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | consulted about seeking bankruptcy<br>ude any attorneys, bankruptcy petition p | ptcy, did you or anyone else acting on your behalf pay or trai<br>or preparing a bankruptcy petition?<br>preparers, or credit counseling agencies for services required in y |                                         | to anyone                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Vanessa Watson Person Who Was Paid                                             | Description and value of any property transferred                                                                                                                            | Date payment or<br>transfer was<br>made | Amount of payment         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2512 Artesia Blvd. Number Street                                               | bankruptcy petition preparation                                                                                                                                              | 11/18/2018                              | \$200.00                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Suite 250A                                                                     | -                                                                                                                                                                            |                                         | \$                        |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | www.bizieladie.com Email or website address                                    |                                                                                                                                                                              |                                         |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Person Who Made the Payment, if Not You                                        |                                                                                                                                                                              |                                         |                           |

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Debtor 1

| btor 1 | Warrendell Jackson First Name Middle Name                                                                                              | Last Name                                                                        | Case number (if know                                               | n)                                                         |                                           |
|--------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------|
|        | hin 10 years before you filed for ban<br>a beneficiary? (These are often calle                                                         | kruptcy, did you transfer any proper<br>d asset-protection devices.)             | rty to a self-settled trust                                        | or similar device of v                                     | which you                                 |
| Ø      | -                                                                                                                                      | a description devices,                                                           |                                                                    |                                                            |                                           |
|        |                                                                                                                                        | Description and value of the prope                                               | erty transferred                                                   |                                                            | Date transfer<br>was made                 |
|        | Name of trust                                                                                                                          |                                                                                  |                                                                    |                                                            |                                           |
|        |                                                                                                                                        |                                                                                  |                                                                    |                                                            |                                           |
|        | <u> </u>                                                                                                                               | unts, Instruments, Safe Deposit                                                  |                                                                    |                                                            | · hanofit                                 |
| clos   | sed, sold, moved, or transferred?<br>lude checking, savings, money mari                                                                | cet, or other financial accounts; cert<br>peratives, associations, and other fin | ificates of deposit; shar                                          | _                                                          |                                           |
| ā      |                                                                                                                                        |                                                                                  |                                                                    |                                                            |                                           |
| u      | Yes. Fill in the details.                                                                                                              |                                                                                  |                                                                    |                                                            |                                           |
|        |                                                                                                                                        | Last 4 digits of account number                                                  | Type of account or instrument                                      | Date account was<br>closed, sold, moved,<br>or transferred | Last balance befor<br>closing or transfer |
|        | Name of Financial Institution                                                                                                          |                                                                                  | Checking                                                           |                                                            | \$                                        |
|        | Number Street                                                                                                                          | <del>-</del>                                                                     | Money market                                                       |                                                            |                                           |
|        | City State ZIP Code                                                                                                                    |                                                                                  | Brokerage Other                                                    |                                                            | ***************************************   |
|        |                                                                                                                                        |                                                                                  |                                                                    |                                                            |                                           |
|        | Name of Financial Institution                                                                                                          | xxxx                                                                             | Checking                                                           |                                                            | \$                                        |
|        | Name of Financial Institution  Number Street                                                                                           | xxxx                                                                             | Savings Money market                                               |                                                            | \$                                        |
|        |                                                                                                                                        | xxxx                                                                             | Savings                                                            |                                                            | \$                                        |
|        | Number Street  City State ZIP Code you now have, or did you have withi urities, cash, or other valuables?                              | XXXX                                                                             | Savings  Money market  Brokerage  Other                            | ox or other depositor                                      | \$<br>y for                               |
| sec    | Number Street  City State ZIP Code you now have, or did you have withi urities, cash, or other valuables?                              | n 1 year before you filed for bankrup Who else had access to K?                  | Savings  Money market  Brokerage  Other  Otcy, any safe deposit be | .02.80                                                     |                                           |
| sec    | Number Street  City State ZIP Code you now have, or did you have withi urities, cash, or other valuables? No Yes. Fill in the details. | n 1 year before you filed for bankrup Who else had access to #?                  | Savings  Money market  Brokerage  Other  Otcy, any safe deposit be | contents                                                   | Do you still                              |
| sec    | Number Street  City State ZIP Code you now have, or did you have withi urities, cash, or other valuables? No                           | n 1 year before you filed for bankrup Who else had access to K?                  | Savings  Money market  Brokerage  Other  Otcy, any safe deposit be | contents                                                   | Do you still have it?                     |
| sec    | Number Street  City State ZIP Code you now have, or did you have withi urities, cash, or other valuables? No Yes. Fill in the details. | n 1 year before you filed for bankrup Who else had access to #?                  | Savings  Money market  Brokerage  Other  Otcy, any safe deposit be | contents                                                   | Do you still have it?                     |

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| Have you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place other than you stored property in a storage unit or place unit or plac |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| ✓ No         ☐ Yes. Fill in the details.         Who else has or had         Name of Storage Facility         Number Street         Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Do you still have it?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Name of Storage Facility  Number Street  No  Who else has or had  Name  Number Street  Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Do you still have it?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| art 9: Identify Property You Hold or Control for Som                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | eone Eise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| . Do you hold or control any property that someone else owns?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Include any property you borrowed from, are storing for,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| or hold in trust for someone.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| art 10: Give Details About Environmental Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| r the purpose of Part 10, the following definitions apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Environmental law means any federal, state, or local statute or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | regulation concerning pollution, contamination, releases of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| nazardous or toxic substances, wastes, or material into the all,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | , land, soil, surface water, groundwater, or other medium,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| r 1 Warrendell Jackson                                                                                                                                          | Last Name                                                                                                 | Case number (if known)                                                                                         |                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
|                                                                                                                                                                 |                                                                                                           |                                                                                                                |                                                 |
| lave you notified any governmental                                                                                                                              | unit of any release of hazardous mater                                                                    | ial?                                                                                                           |                                                 |
| Mo                                                                                                                                                              | unit of any folloase of hazardous mater                                                                   | igi i                                                                                                          |                                                 |
| Yes. Fill in the details.                                                                                                                                       |                                                                                                           |                                                                                                                |                                                 |
|                                                                                                                                                                 | Governmental unit                                                                                         | Environmental law, if you know it                                                                              | Date of notice                                  |
|                                                                                                                                                                 | . anuthed between the party and the control of the                                                        | maria de la compania |                                                 |
| Name of site                                                                                                                                                    | Governmental unit                                                                                         | -                                                                                                              |                                                 |
| Traine of Site                                                                                                                                                  | Governmental unit                                                                                         |                                                                                                                |                                                 |
| Number Street                                                                                                                                                   | Number Street                                                                                             | -                                                                                                              |                                                 |
|                                                                                                                                                                 |                                                                                                           | _                                                                                                              |                                                 |
|                                                                                                                                                                 | City State ZIP Code                                                                                       |                                                                                                                |                                                 |
| City State ZIP C                                                                                                                                                | Code                                                                                                      |                                                                                                                |                                                 |
| ave vou been a party in any judicial                                                                                                                            | or administrative proceeding under ar                                                                     | v environmental law? Include settl                                                                             | ements and orders.                              |
| 4 No                                                                                                                                                            | or administrative proceeding under an                                                                     | y onthomional law molade settle                                                                                | omonto una oracio.                              |
| Yes. Fill in the details.                                                                                                                                       |                                                                                                           |                                                                                                                |                                                 |
|                                                                                                                                                                 | Court or agency                                                                                           | Nature of the case                                                                                             | Status of the                                   |
| _                                                                                                                                                               |                                                                                                           | 898-90                                                                                                         | case                                            |
| Case title                                                                                                                                                      | Court Name                                                                                                |                                                                                                                | Pending                                         |
|                                                                                                                                                                 | Sout Name                                                                                                 |                                                                                                                | On appea                                        |
|                                                                                                                                                                 | Number Street                                                                                             | —                                                                                                              | ☐ Conclude                                      |
|                                                                                                                                                                 |                                                                                                           |                                                                                                                |                                                 |
| Case number                                                                                                                                                     | City State ZIP Co                                                                                         | de                                                                                                             |                                                 |
|                                                                                                                                                                 |                                                                                                           |                                                                                                                |                                                 |
| A partner in a partnership  An officer, director, or manag  An owner of at least 5% of the  No. None of the above applies. G  Yes. Check all that apply above a | e voting or equity securities of a corpor<br>to to Part 12.<br>and fill in the details below for each bus | ration<br>siness.<br>ss Employer identifi                                                                      | cation number<br>ocial Security number or ITIN. |
| Business Name 23475 Stafford Street                                                                                                                             | sales                                                                                                     | EIN:                                                                                                           |                                                 |
| Number Street                                                                                                                                                   | Name of accountant or bookkeepe                                                                           | Dates business e                                                                                               | xisted                                          |
|                                                                                                                                                                 | Debtor                                                                                                    | 40/45/00                                                                                                       | 45 40/44/0040                                   |
| Perris CA 925                                                                                                                                                   | 570                                                                                                       | From 10/15/20                                                                                                  | <u>1</u> 5 <b>то</b> <u>10/14/2</u> 016         |
| City State ZIP Co<br>Widow's Sons Care Associated                                                                                                               | Describe the neture of the business                                                                       | li filozofia (kalaban langa)                                                                                   |                                                 |
| Business Name                                                                                                                                                   | care providers                                                                                            |                                                                                                                | ocial Security number or ITIN.                  |
| 23475 Stafford Street                                                                                                                                           |                                                                                                           | EIN:                                                                                                           |                                                 |
| Number Street                                                                                                                                                   | Name of accountant or bookkeepe                                                                           | or Dates business e                                                                                            | xisted                                          |
|                                                                                                                                                                 | Debtor                                                                                                    |                                                                                                                |                                                 |
| Perris CA 925                                                                                                                                                   |                                                                                                           | From 10 <u>/15/20</u>                                                                                          | <u>1</u> 5 <b>то</b> <u>10/15/2</u> 016         |
| City State ZIP Co                                                                                                                                               |                                                                                                           |                                                                                                                |                                                 |

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| Warrendell Jackson First Name Middle Name Last Name  Case number (if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                            |                                                                                                                                                             |                                                                               |
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| Business Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                            | Describe the nature of the business                                                                                                                         | Employer Identification number  Do not include Social Security number or ITIN |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |                                                                                                                                                             | EIN:                                                                          |
| Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                            | Name of accountant or bookkeeper                                                                                                                            | Dates business existed                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            | Name of decountains of population                                                                                                                           | Dates nustriess evision                                                       |
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| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                            |                                                                                                                                                             |                                                                               |
| thin 2 years before you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Sled for honkrum                                                                           | the did you also a financial statement to anyone also                                                                                                       |                                                                               |
| thin 2 years before you<br>stitutions, creditors, or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                            | tcy, did you give a financial statement to anyone ab                                                                                                        | out your business? Include all Tinancial                                      |
| No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |                                                                                                                                                             |                                                                               |
| Yes. Fill in the details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | below.                                                                                     |                                                                                                                                                             |                                                                               |
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| City  12: Sign Below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Jake ZIF Code                                                                              |                                                                                                                                                             |                                                                               |
| 12: Sign Below have read the answers nswers are true and co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | s on this <i>Statemen</i> :<br>prrect. I understan<br>nkruptcy case can                    | t of Financial Affairs and any attachments, and I ded that making a false statement, concealing proper result in fines up to \$250,000, or imprisonment for | ty, or obtaining money or property by frau                                    |
| sign Below have read the answers newers are true and concection with a bail 8 U.S.C. §§ 152, 1341, 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | s on this <i>Statemen</i> :<br>prrect. I understan<br>nkruptcy case can                    | d that making a false statement, concealing proper<br>result in fines up to \$250,000, or imprisonment for                                                  | ty, or obtaining money or property by frau                                    |
| have read the answers are true and connection with a ball B U.S.C. §§ 152, 1341, 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | s on this <i>Statemen</i> :<br>orrect. I understan<br>nkruptcy case can<br>1519, and 3571. | d that making a false statement, concealing property result in fines up to \$250,000, or imprisonment for Signature of Debtor 2                             | ty, or obtaining money or property by frau<br>up to 20 years, or both.        |
| have read the answers are true and connection with a bar 8 U.S.C. §§ 152, 1341, 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | s on this <i>Statemen</i> :<br>orrect. I understan<br>nkruptcy case can<br>1519, and 3571. | d that making a false statement, concealing property result in fines up to \$250,000, or imprisonment for Signature of Debtor 2                             | ty, or obtaining money or property by frau<br>up to 20 years, or both.        |
| have read the answers are true and concection with a bal B U.S.C. §§ 152, 1341, 155 Signature of Debtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | s on this <i>Statemen</i> :<br>orrect. I understan<br>nkruptcy case can<br>1519, and 3571. | d that making a false statement, concealing property result in fines up to \$250,000, or imprisonment for Signature of Debtor 2                             | ty, or obtaining money or property by frac<br>up to 20 years, or both.        |
| have read the answers are true and connection with a ball B.U.S.C. §§ 152, 1341, 10 Signature of Debtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | s on this <i>Statemen</i> :<br>orrect. I understan<br>nkruptcy case can<br>1519, and 3571. | d that making a false statement, concealing property result in fines up to \$250,000, or imprisonment for Signature of Debtor 2                             | ty, or obtaining money or property by frac<br>up to 20 years, or both.        |
| have read the answers are true and connection with a ball B U.S.C. §§ 152, 1341, 10 Signature of Debtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | on this Statement<br>orrect. I understand<br>nkruptcy case can<br>1519, and 3571.          | signature of Debtor 2  Date  Date                                                                                                                           | ty, or obtaining money or property by frac<br>up to 20 years, or both.        |
| have read the answers are true and concerning to the series of the serie | on this Statement<br>orrect. I understand<br>nkruptcy case can<br>1519, and 3571.          | d that making a false statement, concealing property result in fines up to \$250,000, or imprisonment for Signature of Debtor 2                             | ty, or obtaining money or property by frau<br>up to 20 years, or both.<br>    |
| have read the answers are true and connection with a ball B U.S.C. §§ 152, 1341, 10 Signature of Debtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | on this Statement<br>orrect. I understand<br>nkruptcy case can<br>1519, and 3571.          | a false statement, concealing property result in fines up to \$250,000, or imprisonment for Signature of Debtor 2  Date                                     | ty, or obtaining money or property by frau<br>up to 20 years, or both.<br>    |

| Fill in this int                             | formation to ide    | entify your case:          |               |  |
|----------------------------------------------|---------------------|----------------------------|---------------|--|
| Debtor 1                                     | Warrendell          | Jackson                    |               |  |
|                                              | First Name          | Middle Name                | Last Name     |  |
| Debtor 2                                     |                     |                            |               |  |
| (Spouse, if filing)                          | First Name          | Middle Name                | Last Name     |  |
| United States E<br>Case number<br>(If known) | Bankruptcy Court fo | or the: Central District o | of California |  |

☐ Check if this is an amended filing

12/15

#### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

|                                                           |                                                                  | Contrata Grand State Contra                        |
|-----------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------|
| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt?  | Did you claim the property as exempt on Schedule C |
| Creditor's<br>name: Specialized Loan Services             | ☐ Surrender the property.                                        | □No                                                |
|                                                           | Retain the property and redeem it.                               | 🗹 Yes                                              |
| Description of Residence property securing debt:          | Retain the property and enter into a<br>Reaffirmation Agreement. |                                                    |
|                                                           | Retain the property and [explain]: pay according to contract     |                                                    |
| Creditor's                                                | ☐ Surrender the property.                                        | □ No                                               |
| name:                                                     | Retain the property and redeem it.                               | ☐ Yes                                              |
| Description of<br>property<br>securing debt:              | Retain the property and enter into a<br>Reaffirmation Agreement. |                                                    |
| ·                                                         | Retain the property and [explain]:                               |                                                    |
| Creditor's                                                | ☐ Surrender the property.                                        | □ No                                               |
| name:                                                     | Retain the property and redeem it.                               | ☐ Yes                                              |
| Description of<br>property<br>securing debt:              | Retain the property and enter into a<br>Reaffirmation Agreement. |                                                    |
| occurring cook                                            | Retain the property and [explain]:                               |                                                    |
| Creditor's                                                | ☐ Surrender the property.                                        | □ No                                               |
| name:                                                     | Retain the property and redeem it.                               | ☐ Yes                                              |
| Description of<br>property<br>securing debt:              | Retain the property and enter into a Reaffirmation Agreement.    |                                                    |
| southing door.                                            | Retain the property and [explain]:                               |                                                    |

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| rt 2:                          | List Your Unexpired Personal Property Leases                                                                                                                                                                          |                                                               |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| r any u<br>in the              | unexpired personal property lease that you listed in Schedule G: Executinformation below. Do not list real estate leases. Unexpired leases are ou may assume an unexpired personal property lease if the trustee does | leases that are still in effect; the lease period has not yet |
| Desci                          | ribe your unexpired personal property leases                                                                                                                                                                          | Will the lease be assumed?                                    |
| Lesso                          | r's name:                                                                                                                                                                                                             | □ No                                                          |
| Descri<br>proper               | iption of leased<br>rty:                                                                                                                                                                                              | Yes                                                           |
| Lessor                         | r's name:                                                                                                                                                                                                             | □ No                                                          |
| Descri<br>proper               | iption of leased<br>rty:                                                                                                                                                                                              | Yes                                                           |
| Lessor                         | r's name:                                                                                                                                                                                                             | □ No                                                          |
| Descri<br>proper               | iption of leased<br>ty:                                                                                                                                                                                               | Yes                                                           |
| Lessor                         | r's name:                                                                                                                                                                                                             | □ No                                                          |
| Descri <sub>l</sub><br>proper  | ption of leased<br>ty:                                                                                                                                                                                                | Yes                                                           |
| Lessor                         | r's name:                                                                                                                                                                                                             | □ No                                                          |
| Descri <sub>l</sub><br>proper  | ption of leased<br>ty:                                                                                                                                                                                                | Yes                                                           |
| Lessor                         | r's name:                                                                                                                                                                                                             | □ No                                                          |
| Descri <sub>l</sub><br>proper  | ption of leased<br>ty:                                                                                                                                                                                                | Yes                                                           |
| Lessor                         | r's name:                                                                                                                                                                                                             | □ No                                                          |
| Descri <sub>l</sub><br>propert | ption of leased<br>ty:                                                                                                                                                                                                | Yes                                                           |
|                                |                                                                                                                                                                                                                       |                                                               |
| t 3:                           | Sign Below                                                                                                                                                                                                            |                                                               |

Official Form 108

Date \_\_\_\_\_\_MM / DD / YYYY

Signature of Debtor 2

Date MM / DD / YYYY

| Fill in this in                 | nformation to id    | entify the case:          |                  |
|---------------------------------|---------------------|---------------------------|------------------|
| Debtor 1                        | Warrendell J        | lackson<br>Middle Name    | Last Name        |
| Debtor 2<br>(Spouse, if filing) | First Name          | Middle Name               | Last Name        |
| United States E                 | Bankruptcy Court fo | r the: Central District o | of California    |
| Case number<br>(if known)       |                     |                           | Chapter <u>7</u> |

#### Official Form 119

#### Bankruptcy Petition Preparer's Notice, Declaration, and Signature

12/15

Bankruptcy petition preparers as defined in 11 U.S.C. § 110 must fill out this form every time they help prepare documents that are filed in the case. If more than one bankruptcy petition preparer helps with the documents, each must sign in Part 3. A bankruptcy petition preparer who does not comply with the provisions of title 11 of the United States Code and the Federal Rules of Bankruptcy Procedure may be fined, imprisoned, or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

#### Part 1: Notice to Debtor

Bankruptcy petition preparers must give the debtor a copy of this form and have the debtor sign it before they prepare any documents for filing or accept any compensation. A signed copy of this form must be filed with any document prepared.

Bankruptcy petition preparers are not attorneys and may not practice law or give you legal advice, including the following:

- whether to file a petition under the Bankruptcy Code (11 U.S.C. § 101 et seq.);
- whether filing a case under chapter 7, 11, 12, or 13 is appropriate;
- whether your debts will be eliminated or discharged in a case under the Bankruptcy Code;
- whether you will be able to keep your home, car, or other property after filing a case under the Bankruptcy Code;
- what tax consequences may arise because a case is filed under the Bankruptcy Code;
- whether any tax claims may be discharged;
- whether you may or should promise to repay debts to a creditor or enter into a reaffirmation agreement;
- how to characterize the nature of your interests in property or your debts; or
- what procedures and rights apply in a bankruptcy case.

| The bankruptcy petition preparer Vanessa Watson                                          |                     |                                | has notified me of |  |
|------------------------------------------------------------------------------------------|---------------------|--------------------------------|--------------------|--|
| any maximum allowable fee before preparing any document for filing or accepting any fee. |                     |                                |                    |  |
| Signature of Debtor 1 ackyrowledging rec                                                 | eipt of this notice | Date 11/18/2018 MM / DD / YYYY | <del>,</del>       |  |
| Signature of Debtor 2 acknowledging rec                                                  | eipt of this notice | Date MM / DD / YYYY            | <del>, _</del>     |  |

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| ebtor 1 VVAFFENGEII JACKSON First Name Middle Name                                                                       | Last Name               |                                | Case numb                                                   | er (if ki                                                 | nown)                                                                  |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------|-------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------|
|                                                                                                                          |                         |                                |                                                             |                                                           |                                                                        |
| Part 2: Declaration and Sign                                                                                             | nature of the E         | Bankruptcy Petit               | ion Preparer                                                |                                                           |                                                                        |
| Jnder penalty of perjury, I decla                                                                                        | re that:                |                                |                                                             |                                                           |                                                                        |
|                                                                                                                          |                         |                                | -:                                                          |                                                           |                                                                        |
| I am a bankruptcy petition prep                                                                                          |                         |                                |                                                             |                                                           |                                                                        |
| I or my firm prepared the document of the preparer as required by 11 U.S                                                 |                         |                                |                                                             | e No                                                      | tice to Debtor by Bankruptcy Petition                                  |
| <ul> <li>if rules or guidelines are establi<br/>preparers may charge, I or my saccepting any fee from the deb</li> </ul> | firm notified the       | •                              |                                                             |                                                           | ervices that bankruptcy petition<br>any document for filing or before  |
| Vanessa Watson                                                                                                           |                         |                                |                                                             |                                                           |                                                                        |
| Printed name                                                                                                             | Title, if any           |                                | Firm name, if it applies                                    |                                                           |                                                                        |
| 2512 Artesia Blvd., Suite 2                                                                                              | 250A                    |                                |                                                             |                                                           |                                                                        |
| Number Street                                                                                                            |                         |                                |                                                             |                                                           |                                                                        |
| Redondo Beach                                                                                                            | CA                      | 90278                          | (310) 484-3607                                              |                                                           |                                                                        |
| City                                                                                                                     | State                   | ZIP Code                       | Contact phone                                               |                                                           | _                                                                      |
| (Check all that apply.)                                                                                                  | uments checke           | ,                              | ·                                                           | mad                                                       | e a part of each document that I check:                                |
| ✓ Voluntary Petition (Form 101)                                                                                          |                         | Schedule I (For                |                                                             | ш                                                         | Chapter 11 Statement of Your Current Monthly Income (Form 122B)        |
| Statement About Your Social Social (Form 121)                                                                            | ecurity Numbers         | Schedule J (Fo                 | rm 106J)<br>out an Individual Debtor's                      |                                                           | Chapter 13 Statement of Your Current Monthly                           |
| Summary of Your Assets and Liabilities and Certain Statistical Information (Form 106Sum)                                 | Schedules (For          | rm 106Dec)                     |                                                             | Income and Calculation of Commitment Period (Form 122C-1) |                                                                        |
| Schedule A/B (Form 106A/B)                                                                                               |                         | <b>—</b>                       | inancial Affairs (Form 107) Itention for Individuals Filing |                                                           | Chapter 13 Calculation of Your Disposable Income (Form 122C-2)         |
| Schedule C (Form 106C)  Schedule D (Form 106D)                                                                           |                         | Under Chapter  Chapter 7 State | 7 (Form 108) ement of Your Current                          |                                                           | Application to Pay Filing Fee in Installments (Form 103A)              |
| Schedule E/F (Form 106E/F)                                                                                               |                         | Monthly Income                 | e (Form 122A-1)                                             |                                                           | Application to Have Chapter 7 Filing Fee Waived (Form 103B)            |
| Schedule G (Form 106G)                                                                                                   |                         | of Abuse Unde<br>(Form 122A-15 |                                                             | Ø                                                         | A list of names and addresses of all creditors                         |
| ☑ Schedule H (Form 106H)                                                                                                 |                         | Chapter 7 Mea                  | ns Test Calculation                                         | Ø                                                         | (creditor or mailing matrix) Other Verification of Mailing List        |
| Bankruptcy petition preparers musto which this declaration applies,                                                      |                         |                                |                                                             |                                                           | otcy petition preparer prepared the documents ovided. 11 U.S.C. § 110. |
|                                                                                                                          |                         |                                | 566-71-6                                                    | 6 4                                                       | 7 3 Date 11/18/2018                                                    |
| Signature of bankruptcy petition preparence person, or partner                                                           | rer or officer, princip | pal, responsible               | Social Security number of po                                | erson                                                     | who signed MM / DD / YYYY                                              |
| Vanessa Watson Printed name                                                                                              | <u> </u>                |                                |                                                             |                                                           |                                                                        |
|                                                                                                                          |                         |                                |                                                             |                                                           | Data                                                                   |
| Signature of bankruptcy petition prepa<br>person, or partner                                                             | rer or officer, princip | pal, responsible               | Social Security number of po                                | erson                                                     | Date<br>who signed MM / DD / YYYY                                      |
| Printed name                                                                                                             |                         |                                |                                                             |                                                           |                                                                        |

Main Document

B2800 (Form 2800) (12/15)

### United States Bankruptcy Court

Central District of California

| In re Warrendell Jackson |                                                                                                       |                                                                                                                                                                                               | Case No                             |                                                                                 |            |
|--------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------|------------|
| Debtor                   |                                                                                                       |                                                                                                                                                                                               | Chapt                               | er <u>7</u>                                                                     |            |
| [Ma                      |                                                                                                       | APENSATION OF BANKRUPTCY bankruptcy petition preparer prepares                                                                                                                                |                                     |                                                                                 | ı          |
| 1.                       | attorney, that I prepared or ca<br>debtor(s) in connection with the<br>the filing of the bankruptcy p | declare under penalty of perjury that laused to be prepared one or more do his bankruptcy case, and that compens petition, or agreed to be paid to me, or in connection with the bankruptcy c | cuments for sation paid for service | or filing by the above-nand to me within one year befores rendered on behalf of | ned<br>ore |
| For do                   | ocument preparation services I ha                                                                     | ve agreed to accept                                                                                                                                                                           | . \$                                | 200.00                                                                          |            |
| Prior t                  | o the filing of this statement I have                                                                 | ve received                                                                                                                                                                                   | \$                                  | 200.00                                                                          |            |
| Baland                   | ce Due                                                                                                |                                                                                                                                                                                               | \$                                  | 0.00                                                                            |            |
| 2.                       | I have prepared or caused to b                                                                        | e prepared the following documents (i                                                                                                                                                         | temize): g                          | See Attachment "A"                                                              |            |
| and pr                   |                                                                                                       | emize): bankruptcy petition pre                                                                                                                                                               |                                     |                                                                                 |            |
| 3.                       | The source of the compensation                                                                        |                                                                                                                                                                                               |                                     |                                                                                 |            |
| 4.                       | The source of compensation to  ✓ Debtor                                                               | o be paid to me is: Other (specify)                                                                                                                                                           |                                     |                                                                                 |            |
| 5.                       | The foregoing is a complete s of the petition filed by the deb                                        | tatement of any agreement or arranger<br>stor(s) in this bankruptcy case.                                                                                                                     | ment for p                          | payment to me for preparat                                                      | ion        |
| 6.                       | To my knowledge no other pe<br>this bankruptcy case except as                                         | erson has prepared for compensation a slisted below:                                                                                                                                          | documen                             | t for filing in connection w                                                    | rith       |
| NAMI                     |                                                                                                       | SOCIAL SECURITY NUMBER                                                                                                                                                                        | ₹                                   |                                                                                 |            |
|                          | $\mathcal{N}_{\mathcal{O}}$                                                                           | 566-71-6473                                                                                                                                                                                   |                                     | 1-2.19                                                                          |            |
|                          | Signature                                                                                             | Social Security number of bankr<br>petition preparer*                                                                                                                                         | ruptcy                              | Date                                                                            |            |
|                          | ssa Watson                                                                                            | 2512 Artesia Blvd., Ste 250A, Re                                                                                                                                                              | edondo B                            | ch, CA 90278                                                                    |            |
|                          | d name and title, if any, of uptcy Petition Preparer                                                  | Address                                                                                                                                                                                       |                                     |                                                                                 |            |
|                          | . r                                                                                                   |                                                                                                                                                                                               |                                     |                                                                                 |            |

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

<sup>\*</sup> If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer. (Required by 11 U.S.C. § 110).

In re <u>Warrendell Jackson</u> Chapter – 7 Page 1 of 1

#### Attachment A to

## Disclosure of Compensation of Bankruptcy Petition Preparer

#### List of Accompanying Documents:

- 1. Statement About Your Social-Security Numbers
- 2. Voluntary Petition for Individuals Filing for Bankruptcy
- 3. Statement of Related Cases
- 4. Summary of Your Assets and Liabilities and Certain Statistical Information
- 5. Schedule A/B: Property
- 6. Schedule C: The Property You Claim as Exempt
- 7. Schedule D: Creditors Who Have Claims Secured by Property
- 8. Schedule E/F: Creditors Who Have Unsecured Claims
- 9. Schedule G: Executory Contracts and Unexpired Leases
- 10. Schedule H: Your Codebtors
- 11. Schedule I: Your Income
- 12. Schedule J: Your Expenses
- 13. Declaration About an Individual Debtor's Schedules
- 14. Statement of Financial Affairs for Individuals Filing For Bankruptcy
- 15. Disclosure of Compensation of Bankruptcy Petition Preparer

In re <u>Warrendell Jackson</u> Chapter – 7 Page 1 of 2

## Attachment A to (Cont'd)

## Disclosure of Compensation of Bankruptcy Petition Preparer

- 16. Bankruptcy Petition Preparer's Notice, Declaration and Signature
- 17. Declaration by Debtor(s) as to Whether Income was Received From an Employer within 60 Days of the Petition Date
- 18. Chapter 7 Statement of Your Current Monthly Income
- 19. Verification of Master Mailing List of Creditors
- 20. Statement of Intention for Individuals Filing Under Chapter 7

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Entered 04/05/19 13:34:46 Desc<br>e 74 of 83                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Debtor 1 Warrendell Jackson First Name Middle Name Last Name  Debtor 2 (Spouse, if filing) First Name Middle Name Last Name  United States Bankruptcy Court for the: Central District of California  Case number (If known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Check one box only as directed in this form and in Form 122A-1Supp:  ✓ 1. There is no presumption of abuse.  □ 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A–2).  □ 3. The Means Test does not apply now because of qualified military service but it could apply later.  □ Check if this is an amended filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| Official Form 122A—1 Chapter 7 Statement of Your Current Monthly Income 12/15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.  Part 1: Calculate Your Current Monthly Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| additional pages, write your name and case number (if known). If you believe that y do not have primarily consumer debts or because of qualifying military service, co Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | you are exempted from a presumption of abuse because you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| additional pages, write your name and case number (if known). If you believe that y do not have primarily consumer debts or because of qualifying military service, co Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | you are exempted from a presumption of abuse because you omplete and file Statement of Exemption from Presumption of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| additional pages, write your name and case number (if known). If you believe that you not have primarily consumer debts or because of qualifying military service, consumer debts or because o | you are exempted from a presumption of abuse because you omplete and file Statement of Exemption from Presumption of the statement of Exemption from Presumption from Presu |  |  |  |
| additional pages, write your name and case number (if known). If you believe that you not have primarily consumer debts or because of qualifying military service, consumer debts or because o | you are exempted from a presumption of abuse because you omplete and file Statement of Exemption from Presumption of the statement of Exemption from Presumption of Exemption from Presumption from Presumption of Exemption from Presumption from Presumpti |  |  |  |
| additional pages, write your name and case number (if known). If you believe that you not have primarily consumer debts or because of qualifying military service, consumer debts or because o | you are exempted from a presumption of abuse because you emplete and file Statement of Exemption from Presumption of the second  |  |  |  |

Column A

0.00

0.00

0.00

Debtor 1

Column B

Debtor 2 or non-filing spouse

Debtor 1

\$1,053**±**€ \$

Debtor 2

2. Your gross wages, salary, tips, bonuses, overtime, and commissions

filled in. Do not include payments you listed on line 3.

5. Net income from operating a business, profession,

Gross receipts (before all deductions)

3. Alimony and maintenance payments. Do not include payments from a spouse if

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not

(before all payroll deductions).

Column B is filled in.

or farm

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| Deb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | or 1 Warrendell Jackson First Name Middle Name Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                              | Case num         | ber (if known)_ |                                        |                              |
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| Magazza presidente de la compansa de |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              | Columi<br>Debtor |                 | Column B Debtor 2 or non-filing spouse |                              |
| 8.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Unemployment compensation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              | \$               | 0.00            | \$                                     |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Do not enter the amount if you contend that the amount under the Social Security Act. Instead, list it here:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                              |                  |                 |                                        |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | For you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              |                  |                 |                                        |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | For your spouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |                  |                 |                                        |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Pension or retirement income.</b> Do not include any ame benefit under the Social Security Act.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                              | \$               | 0.00            | \$                                     |                              |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Income from all other sources not listed above. Spec<br>Do not include any benefits received under the Social So<br>as a victim of a war crime, a crime against humanity, or<br>terrorism. If necessary, list other sources on a separate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ecurity Act or payments receive<br>international or domestic | ed               |                 |                                        |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | general relief and food stamps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              | \$               | 419.00          | \$                                     |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                              | Ψ<br>\$          | 0.00            | \$                                     |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total amounts from separate pages, if any.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                              | + ¢              | 0.00            | + ¢                                    |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | The second control pages, wan,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              | Ψ                |                 | γ                                      | ·                            |
| 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Calculate your total current monthly income. Add line column. Then add the total for Column A to the |                                                              | \$ <u>1</u>      | ,472.00         | <b>+</b>                               | Total current monthly income |
| Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | rt 2: Determine Whether the Means Test Ap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | olies to You                                                 |                  |                 |                                        | ,                            |
| 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Calculate your current monthly income for the year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Follow these steps:                                          |                  |                 | pour                                   |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12a. Copy your total current monthly income from line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 11                                                           |                  | Co              | ppy line 11 here →                     | \$ <u>1,472.00</u>           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Multiply by 12 (the number of months in a year).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |                  |                 | enably.                                | <b>x</b> 12                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12b. The result is your annual income for this part of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | e form.                                                      |                  |                 | 12b.                                   | \$ <u>17,664.00</u>          |
| 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Calculate the median family income that applies to y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ou. Follow these steps:                                      |                  |                 |                                        |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fill in the state in which you live.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | California                                                   |                  |                 |                                        |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fill in the number of people in your household.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                            |                  |                 | <u></u>                                | <del></del>                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fill in the median family income for your state and size of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                  |                 | 13.                                    | <u>\$ 57,962.00</u>          |
| To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |                  |                 |                                        |                              |
| 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | How do the lines compare?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                  |                 |                                        |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <ul><li>Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse.</li><li>Go to Part 3.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              |                  |                 |                                        |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i> . Go to Part 3 and fill out Form 122A-2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                              |                  |                 |                                        |                              |
| Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | rt 3: Sign Below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |                  |                 |                                        |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | By signing here, I declare under penalty of perjui                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ry that the information on this s                            | tatement a       | and in any a    | attachments is true an                 | d correct.                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ×                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ×                                                            |                  |                 |                                        |                              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date MM / DD / YYYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Da                                                           | ate              | YYYY\ do        | _                                      |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | If you checked line 14a, do NOT fill out or file                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Form 122A-2.                                                 |                  |                 |                                        |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | If you checked line 14b, fill out Form 122A-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                              |                  |                 |                                        |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                              |                  |                 |                                        |                              |

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| Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Warrendell Jackson 4163 W. 160th Street Lawndale, CA 90260 Tel: (323) 997-2514                                            | FOR COURT USE ONLY                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <ul> <li>☑ Debtor(s) appearing without attorney</li> <li>☐ Attorney for Debtor</li> </ul>                                                                                                                      |                                                                  |
|                                                                                                                                                                                                                | ANKRUPTCY COURT<br>LIFORNIA - LOS ANGELES DIVISION               |
| In re:                                                                                                                                                                                                         | CASE NO.:                                                        |
| Warrendell Jackson                                                                                                                                                                                             | CHAPTER: 7                                                       |
| Debtor(s).                                                                                                                                                                                                     | VERIFICATION OF MASTER MAILING LIST OF CREDITORS [LBR 1007-1(a)] |
|                                                                                                                                                                                                                |                                                                  |
| Pursuant to LBR 1007-1(a), the Debtor, or the Debtor penalty of perjury that the master mailing list of cress sheet(s) is complete, correct, and consistent were sponsibility for errors and omissions.  Date: | editors filed in this bankruptcy case, consisting of             |
| Date:                                                                                                                                                                                                          |                                                                  |
|                                                                                                                                                                                                                | Signature of Debtor 2 (joint debtor) (if applicable)             |

Signature of Attorney for Debtor (if applicable)

Date:

Warrendell Jackson 4163 W 160th Street Lawndale, CA 90260

United States Trustee 915 Wilshire Blvd Suite 1850 Los Angeles, CA 90017 Specialized Loan Services 8742 Lucent Blvd Suite 300 Highlands Ranch, CO 80129

Capital One Bank USA NA 10700 Capital One Way Richmond, VA 23060

Comenity Capital HSN PO Box 182120 Columbus, OH 43218

Credit One Bank PO Box 98872 Las Vegas, NV 89193

First Premier Bank 3820 N Louise Avenue Sioux Falls, SD 57107

NMAC PO Box 660368 Dallas, TX 75266

Verizon Wireless PO Box 650051 Dallas, TX 75265

Webbank Fingerhut 6250 Ridgewood Road St Cloud, MN 56303

Desc

Credit Control Corporation PO Box 12570 Newport News, VA 23612

**Diversified Consultants** PO Box 551268 Jacksonville, FL 32255

Fidelity Creditors Service 441 N Varney Street 2nd Floor Burbank, CA 91502

Midland Funding LLC 2365 Northside Drive Suite 300 San Diego, CA 92108

Monterey Collection Service 4095 Avenida de la Plata Oceanside, CA 92056

Mountain Lion Acquisition 8448 Katella Avenue Stanton, CA 90680

First Premier Bank 3820 N Louise Avenue Sioux Falls, SD 57107

The Home Depot PO Box 6497 Sioux Falls, SD 57117

Airport Collision Repair 513 S La Brea Avenue Inglewood, CA 90301

**AMO Recoveries** 5655 Peachtree Parkway Suite 213 Norcross, GA 30092

**EOS CCA** PO Box 981025 Boston, MA 02298

Clinic Medical Services Company LLC 44000 Garfield Road Clinton, MI 48038

**Credit Collection Services** 725 Canton Street Norwood, MA 02062

Southern California Edison PO Box 6400 Rancho Cucamonga, CA 91729

Ready Refresh by Nestle 6661 Dixie Hwy Suite 4 Louisville, KY 40258

Clinic Medical Services Company LLC PO Box 92237 Cleveland, OH 44193

Western Dental Centers PO Box 1259 Dept 18882 Oaks, PA 19456

Spectrum PO Box 2553 Columbus, OH 43216

Cedars Sinai PO Box 48954 Los Angeles, CA 90048

**Terminix** 13722 Harvard Place Gardena, CA 90249

Terminix 42065 Zew Drive Ste 2 Temecula, CA 92590

Waste Management 800 S Temescal Street Corona, CA 92879

Eastern Municipal Water District 2270 Trumble Road Perris, CA 92570

American Home Shield PO Box 787 Carroll, IA 51401

**ADT Security System** 3190 S Vaughn Way Aurora, CO 80014

Great Western Retirement Services PO Box 173764 Denver, CO 80217

Chex Systems, Inc. 7805 Hudson Road Suite 100 Woodbury, MN 55125

Chase Bank 17200 S Hawthorne Blvd Torrance, CA 90504

**UNIFY Financial Credit Union** PO Box 10018 Manhattan Beach, CA 90267

Metro Express Line 500 West 190th Street Gardena, CA 90248

Westside Loan Office 2117 W Jefferson Blvd Los Angeles, CA 90018

Lawndale Municipal 14616 Grevillea Ave Lawndale, CA 90260 MRS BPO, LLC 1930 Olney Avenue Cherry Hill, NJ 08003

Automatic Parking Inc 1040 East Wardlow Road Long Beach, CA 90807

DirecTV 2230 E Imperial Hwy FL 10 El Segundo, CA 90245

Tempoe, LLC 1750 Elm Street Suite 1200 Manchester, NH 03104

Sunstate Equipment 25201 Trumble Road Perris, CA 92571